

CHAPTER 4 - A

BIRTH CERTIFICATES REGISTRATION, CERTIFICATION, REPORTING REQUIREMENTS

The purpose of this chapter is to provide detailed instructions to better assure that the *Certificate of Live Birth* is complete and accurate whether prepared by hospital personnel within the local health jurisdiction or prepared by staff within the Vital Records office in the Local Health Department (LHD). General information is shared about what is and is not required by law for those seeking certificates of birth and for those responsible for filing the records through the electronic Indiana Birth Registration System (IBRS). A series of “Frequently Asked Questions and Answers” have been included to assist with better understanding situations that may or may not influence what is data entered on the *Certificate of Live Birth*.

This Chapter contains:

- General Information about reporting requirements
- Frequently asked questions and answers about data entering birth records
- How to access and accurately complete the most current *Certificate of Live Birth* Worksheet from the IBRS
- Step-by-Step instructions for data entering a *Certificate of Live Birth* at the Local Health Department using the information from the birth worksheet
- How to print various forms including: *Verification of Birth Facts*, Paternity Affidavits, SSA Form (in English or Spanish) and a birth confirmation letter
- How to release a birth record legally and statistically
- How to process 'Batch Printing'
- How a birth record is handled when it is filed with a Paternity Affidavit
- Circumstances initiating a 'Back Data Entry' process through the LHD, i.e., Home Birth or birth that occurs in a non participating facility prior to JANUARY 1st of Last Year and prior to the 4th birthday of the child.

A. General Information

Each local health jurisdiction is a registration district for vital records, and the local Health Officer is the Official local registrar. (IC 16-37-1-4) He or she is responsible for decisions regarding the registration and certification of vital events in the Local Health Department based upon Indiana law (IC 16-37-2-9). In actuality this task is performed by the personnel staffing the Vital Records office in the Local Health Department, (LHD).

Live births most frequently occur in hospitals. The preparation of the *Certificate of Live Birth* is dependent upon hospital personnel.

If there was no person in attendance at a birth and neither parent is able to prepare the *Certificate of Live Birth*, or if the local health officer does not receive a certificate of birth, the local health office shall prepare a certificate of birth from information secured from any person who has knowledge of the birth. (IC 16-37-2-2(c) (2))

Each *Certificate of Live Birth* must be complete and accurate before it is acceptable for registration by the Local Health Department. A *Certificate of Live Birth* is complete when the Indiana Birth Registration System, (IBRS) detects that all of the fields are resolved, (correctly completed), and the birth record has been certified and saved, at which time the program prompts the person doing the data entry to release the record to further processing. A certificate is registered when an LHD staff person runs the 'Batch Print Process' of the IBRS program which adds a Local File Number and a File Date to each *Certificate of Live Birth* that has been released from the hospital(s) in that LHD jurisdiction. This 'Function' also prints a paper copy of the birth certificates for further use in the Local Health Department. Further the "Batch Print Process" gives the LHD the option of whether or not to print the Notification Letter to be mailed to the parents.

B. Permanent Records of Births

The local health officer is required to make a permanent record of all births that occur in his/her jurisdiction to include:

- name,
- sex,
- date of birth,
- place of birth (city or county),
- name of parents,
- birthplace of parents (state or country),
- and date of filing of the certificate of birth (IC 16-37-2-9).

C. Guidelines for Registering Certificates of Live Birth

A *Certificate of Live Birth* filed by a hospital, a freestanding birthing center or a Certified Nurse Midwife, (CNM), must be filed through the Indiana Birth Registration System, (IBRS), in order to be valid. If the hospital, birthing center or CNM is unable to file the *Certificate of Live Birth* through IBRS, the LHD vital records office must file the birth through the IBRS. (IC 13-37-1-3.1)

D. Reasons for Certificates to Be Voided

- If the *Certificate of Live Birth* is received four (4) or more years after the date of birth. The Local Health Department should inform the parents or individual wishing to file the birth that it must be filed directly with the Vital Statistics Unit of the Indiana State Department of Health. (Phone: 317-233-7509)
- If the event occurred outside the health officer's jurisdiction. The Local Health Department should contact the Local Health Department having jurisdiction and inform the registration staff of the birth.

E. Indiana State Department of Health Rejection

The Indiana State Department of Health, (ISDH), will **void** any birth certificate that:

- Was filed by an LHD more than four years after the date of birth (IC 16-37-2-5)
- Was filed in the wrong jurisdiction (IC 16-34-1-4)
- If a duplicate of a record that is already on file.

F. Filing *Certificate of Live Birth* for Home Birth

In the case of a home birth, preparation of a *Certificate of Live Birth* is the responsibility of the Local Health Department when the event is reported within four (4) years of the date of the birth. Do not prepare a *Certificate of Live Birth* if the child is over four (4) years old; refer the individual to the Vital Statistics Unit of the Indiana State Department of Health (IC 16-37-2-5).

Persons seeking to file a *Certificate of Live Birth* for a home birth may be required to produce evidence that the birth occurred in the LHD's jurisdiction. Such evidence may include, but is not limited to the following:

- Medical records (inpatient or outpatient hospital records, physician's records, immunization records, etc.) for mother or child that show evidence of the birth of the child.
- Baptismal records or other statements from a recognized church or religious affiliation attesting to the birth of the child.
- Lease agreements, rent receipts, utility bills, etc., documenting that the parent(s) was a resident (temporary or permanent) of the Local Health Department's jurisdiction at the time the birth occurred.
- Insurance or tax forms claiming the child.

A public health nurse may conduct a home visit to assist in documenting the home birth and to assist the parent(s) in the completion of the medical and health planning portion on the *Certificate of Live Birth*. A nurse visit is NOT a requirement of State Law.

It is not a requirement of State law that both parents be present in order to file a birth certificate for a home birth. However, if the birth is out of wedlock and the parents want the child to have a

surname other than the mother's legal name, both parents must be present in order to file a Paternity Affidavit (*see the chapter on Changes to Birth Records*). Further, if the child born in-wedlock is to have a surname other than the father's surname, both parents should also be present in order to sign the Statement of Agreement portion of the *Verification of Birth Facts* form. Retention of this form will provide documentary evidence that the parents requested that the name of their child should be as it appears on the *Certificate of Live Birth*.

If a home birth is reported more than one (1) year, but less than four years, after it occurred, a written statement citing the reason for the delay must be submitted to the local health department at the time of filing. The statement becomes a part of the *Certificate of Live Birth* (IC 16-37-2-4), and is to be forwarded to the state health department.

When preparing a *Certificate of Live Birth* for a home birth, the IBRS program must be used. (IC 16-37-1-3.1) Any person who assisted in the delivery may be listed as attendant. The Vital Records staff person who prepares the Certificate is to be listed as the Certifier.

Exercise CAUTION in accepting a *Certificate of Live Birth* for alleged home births as attempts may be made to create birth certificates for out-of-state births, illegal aliens, and nonexistent children.

A Local Health Department written policy should be established for procedures concerning registration on home births.

G. Monthly Report to the Vital Statistics Unit of the Indiana State Department of Health

In past years Local Health Departments were required to provide the following:

No later than the fourth day of each month, the local health officer must report all births and fetal deaths (stillbirths) that have occurred within his/her jurisdiction during the previous month. Failure to submit the monthly report on time constitutes a Class B misdemeanor (IC 16-37-1-13).

With the implementation of the Indiana Birth Registration System virtually every birth record is filed electronically and as of **January 1, 2011**, every death and fetal death must be filed electronically. Since the records are being sent to the ISDH via the electronic registrations systems this statute is satisfied and no additional reports are required.

However, the LHDs must continue to send to the ISDH, court orders and Paternity Affidavits, PA), under (IC 16-37-2-2.1). The court orders and PA should be sent as soon as they have been used to make the legal correction to the birth record.

H. Application Procedures and Issuance of Certificate (IC 16-37-1-7) (IC 16-37-1-8)

In general, the public is entitled to inspect and copy information contained in the permanent record of birth in the Local Health Department. (Refer to Chapter 5, "Access to Birth and Death Records in the Local Health Department".)

However, Indiana Vital Statistics law clearly requires that a local health officer issue a certified copy of a birth record only if he/she is satisfied that the applicant has a direct interest in the matter recorded, and that the certificate is necessary for the determination of personal or property rights or for compliance with the State or Federal law. The definition of "Direct Interest" is found in the Glossary. However, the final determination of what constitutes a direct interest is made by the local health officer in consultation with his/her attorney.

The applicant, by statute, whether applying by mail or in person, is required to show at least one (1) form of signature identification. For mail requests, a photocopy of an ID with a signature is acceptable.

A request for a copy of a certified birth certificate should contain the following information:

- Name at birth of the person for whom the certificate is requested.
- Any other name under which the record could be recorded
- Was the person ever adopted?
- Place of birth (city or county).

- Date of Birth.
- Father's name.
- Mother's full legal name and maiden name.
- Purpose for which record is to be used.
- Relationship of the applicant to the person whose birth record is requested.
- Phone number of the applicant.
- Signature of the applicant.
- Address of the applicant.

A formal application form prepared by the Local Health Department should contain notification to the applicant as follows: WARNING: False application, Altering, mutilation, or counterfeiting certified copies of birth certificates is a Criminal offense under (IC 16-37-1-12).

The local health officer must have a written request including: SIGNATURE, ID, TELEPHONE NUMBER, AND MAILING ADDRESS OF THE REQUESTOR IN ORDER TO ISSUE A CERTIFIED BIRTH CERTIFICATE OF ANY RECORD FOR ANY CHILD.

The local health officer is required to maintain a permanent record that contains:

- The date of the request, and
- the name and address of the person making the request for a certified copy of the birth certificate. (IC 16-37-1-7)

CHAPTER 4 - B

DATA ENTRY OF A *CERTIFICATE OF LIVE BIRTH* AT THE LOCAL HEALTH DEPARTMENT

FREQUENTLY ASKED QUESTIONS

Q:

A new mother came into the Local Health Department, (LHD), to file a home birth and she says she is going through a divorce and she wants her child to have her maiden name because she plans to take back her maiden name when the divorce is final. Can the baby have the mother's maiden name as its last name?

A:

NO. The child must have the mother's Legal Last Name. The fact that she is going to be Divorced has no bearing on the naming of her child. Tell her that she can request that the divorce decree also order a name change for her child and that can be used to change the *Certificate of Live Birth* at a later date. If the mother persists in arguing with you about giving her child her maiden name or insists that her lawyer assured her that the baby could be given her maiden name, refer her to IC 16-37-2-13.

An alternative solution would be for her current husband to come in with her, and the two of them could sign the 'Statement of Agreement' portion of the Verifications of Birth Facts form then they could give the baby any last name desired, and the LHD would have documentation providing proof that the name reflected the parents' wishes.

Q:

A couple came into the LHD to file a home birth and she and the man with her have both told you that he is not the father of her baby, but since he is the current boy friend he wants to claim the baby and they want to sign the Paternity Affidavit. Should you let them sign the PA?

A:

It is highly recommended that you DO NOT let them sign the PA. You are not obligated to notarize any PA if you feel the people who want to sign it are misrepresenting themselves, giving false information, or providing you with ID that you do not trust. In this case they have already told you they are misrepresenting themselves. Seek further guidance from your County's attorney.

Q:

A couple came in to file a Home Birth and originally they said they wanted to do a Paternity Affidavit. Since they were within the 72 hour limit you completed the record in "REGISTRATION/INHOUSE" and answered the question about a PA being filed as 'Yes'. However, when the PA was printed and given to them to review and sign, one of them had decided against signing. You changed the question about a Paternity Affidavit being completed but the father's information is still on the birth record, and you cannot remove it. How can you fix this?

A:

Some times it is necessary to "fuss" with the record in order to remove the father's information from the *Certificate of Live Birth*. Try this:

1. Change the answer to the question about "Marital Status". It doesn't matter what you change it to. The Important thing is to change the answer.
2. Change the answer to the question "Is Mother Married to the Father of This Child?" to "YES".
3. Change the answer to the question "Will a Paternity Affidavit be Completed?" to "NO".
4. Save the record.
5. Change the answers to the "Marital Status" and the "Is Mother Married to the Father of This Child" questions back to the correct answers and save the record again.

The Father's screen should now be blank and disabled. This sounds complicated and time consuming but it can be done fairly quickly. If it does not work, then phone,

the Help-desk at: 317-233-7989.

Q:

You made a mistake entering the mother's residence address and saved the record, now you can not correct the address because the program keeps kicking you out. How can you change the address?

A:

This is another instance where the birth record has to be "fussed" with in order to change the Mother's Address on a saved record than has not been released.

The issue is with the first line of the Mother's Residence Address field. If the entire line has to be changed, change one box at a time, starting with the Building Number or whichever box needs to be corrected. Do this:

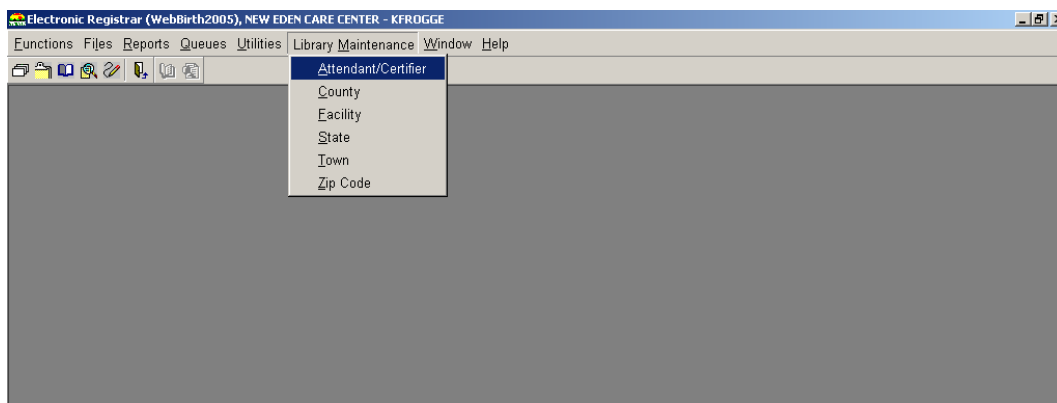
1. Click on the first field that needs to be changed,
2. Delete the original information,
3. Enter the correct information,
4. DO NOT TAB,
5. Click on Save, when the "Saved successfully" box appears, click on "OK".

Click on the Next box in the address that needs to be corrected, and repeat instructions 1 through 5, above, until all information has been corrected. Remember DO NOT TAB. WE KNOW, WE KNOW, we keep drilling home the instruction that you are to Tab from field to field, but this is ONE instance where you DO NOT TAB!

INSTRUCTIONS FOR DATA ENTERING A *CERTIFICATE OF LIVE BIRTH* AT THE LOCAL HEALTH DEPARTMENT

Anytime an LHD Vital Records staff person does the data entry for a birth, whether it is for a **FOUNDLING**, (see page 4-20 for definition), a **HOME BIRTH** or for a birth that occurred at a **NON-PARTICIPATING FACILITY** the Certifier is always the LHD Vital Records staffer. If you have not done so, set yourself up as a Certifier.

To set yourself up as a Certifier Click on Library Maintenance Then Click on Attendant/Certifier.



Click on RECORD Then Click on NEW

A screenshot of the "Attendant/Certifier Maintenance, NEW EDEN CARE CENTER - KFROGGE" window. The "Record" menu is open, with the "New" option (Ctrl+N) highlighted. The form contains several input fields and dropdown menus. On the left, there are fields for "Last Name" (containing "KIRGT"), "Role" (dropdown menu showing "ATTENDANT ONLY"), "Type" (dropdown menu showing "M.D."), "Other" (text field), "License" (text field), and "NPI Number" (text field). On the right, there are fields for "Address" (containing "NEW EDEN CENTER"), "State" (dropdown menu showing "INDIANA"), "Town" (dropdown menu showing "TOPEKA (LAGRANGE)"), "Zip Code" (containing "46571"), and a "PIN" field. There is also a checkbox for "Display In Lists?" and a "Save" button at the bottom right. A small graphic of a stethoscope is visible on the right side of the form.

Next, type in your first and last name in the appropriate fields on the screen. Your **ROLE** is **CERTIFIER ONLY**. See following screen shot.

Attendant/Certifier Maintenance, NEW EDEN CARE CENTER - KFROGGE

Record Edit Window Help

Facility Name: NEW EDEN CARE CENTER

First Name: Address:

Last Name: State:

Role: Town:

Type: Zip Code:

Other:

License:

NPI Number:

☐ Display In Lists?

PIN:

Save

Attendants/Certifiers 17 Records

CERTIFIERFIRSTNAME	CERTIFIERLASTNAME	CERTIFIERROLE	CERTIFIERTYPE	CERTIFIERTYPEOTHER
ANNA	KIRGT	ATTENDANT ONLY	M.D.	
CHRISTINE	HAMILTON	ATTENDANT ONLY	D.O.	
CHRISTY	MILLER	ATTENDANT ONLY	Other	PARENT
DIANA	SANDERS	ATTENDANT ONLY	Certified Nurse Midwife	
ELIZABETH	GINGRICH	ATTENDANT ONLY	M.D.	
JOHN	EGLI	ATTENDANT ONLY	M.D.	
JILLIF	STACKHOUSE	ATTENDANT ONLY	Certified Nurse Midwife	

Your type would be FACILITY ADMINISTRATOR OR DESIGNEE, or OTHER. Your address is the address of your Health Department. Type in Indiana, and select your city. You must also click on DISPLAY IN LISTS? Then click on SAVE, and your name will be added to the list. Then assign yourself a temporary PIN number, 0000. The PIN must be four numbers only. See following screen shot.

Attendant/Certifier Maintenance, NEW EDEN CARE CENTER - KFROGGE

Record Edit Window Help

Facility Name: NEW EDEN CARE CENTER

First Name: Address:

Last Name: State:

Role: Town:

Type: Zip Code:

Other:

License:

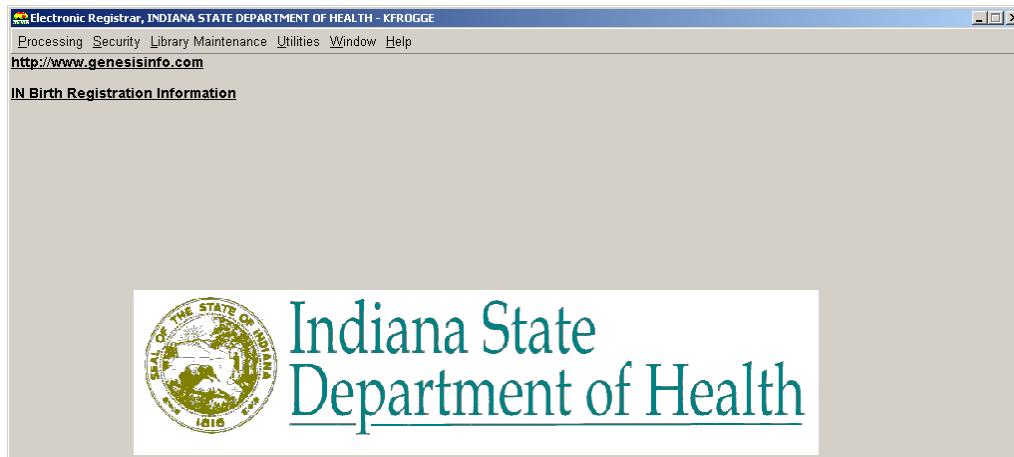
NPI Number:

☐ Display In Lists?

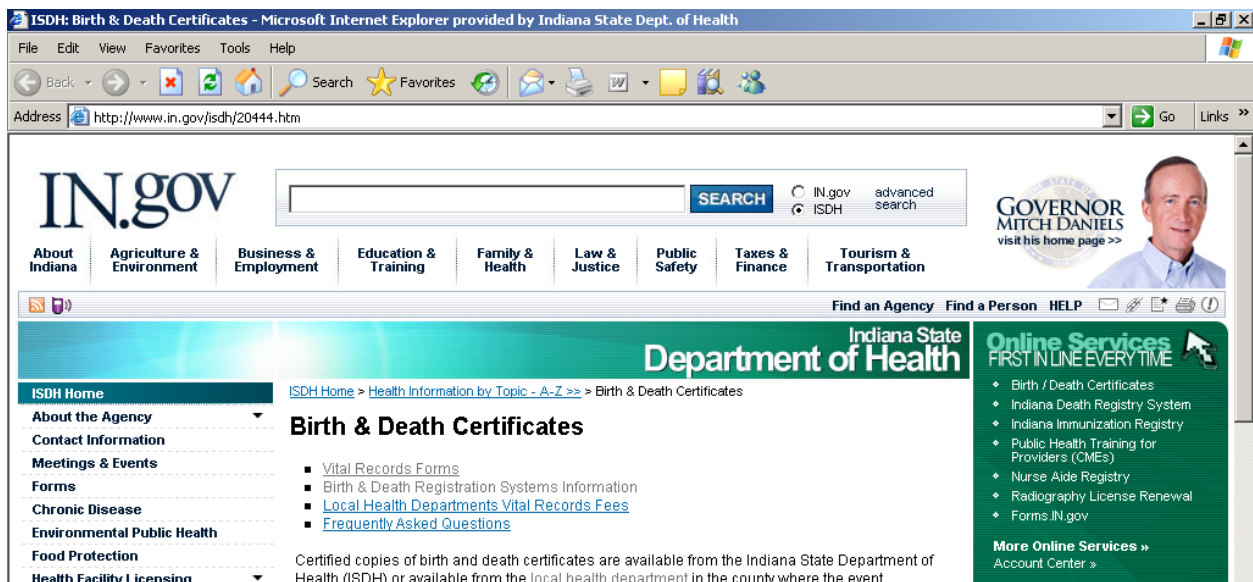
PIN:

Save

Print copies of the Birth Worksheet from the Genesis Program. Click on the link "IN Birth Registration Information" in the upper left hand corner of the Process Screen.



Click on "Birth and Death Registration Systems Information" see following screen shot.



Click on Indiana Birth Registration System (IBRS). See following screen shot.

ISDH: Indiana Vital Records Re-engineering Project - Microsoft Internet Explorer provided by Indiana State Dept. of Health

File Edit View Favorites Tools Help

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Indiana Vital Records Re-engineering Project

- Indiana Birth Registration System (IBRS)
- Indiana Death Registration System (IDRS)
- News Letters/Presentations & Registration Forms

Real-time access to quality vital events information has become increasingly important for public

Online Services FIRST IN LINE EVERY TIME

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- Indiana Death Registry System
- Indiana Immunization Registry
- Public Health Training for Providers (CMEs)
- Nurse Aide Registry
- Radiography License Renewal
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Then click on the Indiana Birth Work Sheet under Related Pages. It might be necessary to scroll down in order to see the link to the work sheet. See next screen shot.

ISDH: Indiana Birth Registration System (IBRS) - Microsoft Internet Explorer provided by Indiana State Dept. of Health

File Edit View Favorites Tools Help

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Indiana Birth Registration System (IBRS)

The Indiana Birth Registration System rolled out in January of 2007 to 120 birthing hospitals and birthing centers, 95 local health departments, 47 state users and currently has about 1,200 users.

The goal of the Indiana Birth Registration System is to enable the participants of the birth registration process to electronically file birth records with local and state registrars. Registration facilities will access the system on-line so that facts of birth and medical information can be registered electronically.

Facts:

- Electronic filing of approximately 86,000 Indiana births annually
- Registration takes place in the county of occurrence as prescribed by law
- User-friendly data entry screens
- Real-time editing
- Higher quality data and error reduction
- 24/7 accessibility
- Highly secure web site
- Ability to reduce fraud and identity theft
- Ability to provide uniform birth certificates for the entire state.

Related Pages:

- Indiana Birth Work Sheet
- IBRS Application Form
- IBRS Removal Form
- Hospital Training Guide
- Hospital User Quick Key
- Local Health Department Training Guide
- Local Health Department Quick Key

Online Services FIRST IN LINE EVERY TIME

- Birth / Death Certificates
- Indiana Death Registry System
- Indiana Immunization Registry
- Public Health Training for Providers (CMEs)
- Nurse Aide Registry
- Radiography License Renewal
- Forms.IN.gov

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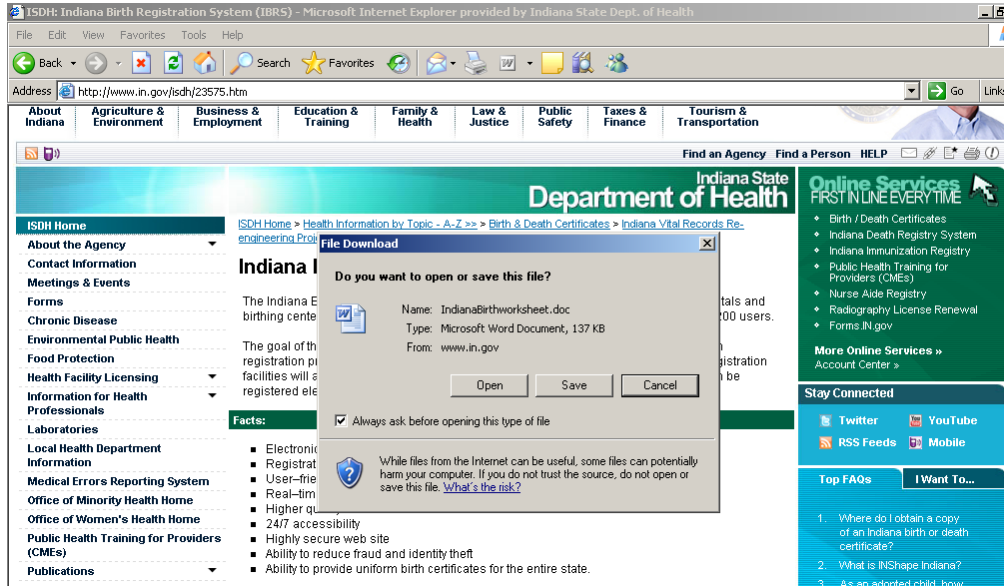
Top FAQs I Want To...


- Where do I obtain a copy of an Indiana birth or death certificate?
- What is INShape Indiana?
- As an adopted child, how do I get information about my birth parents?
- Can I talk to an INShape Indiana nutritionist about my specific health needs? ...
- Can I talk to an INShape Indiana fitness trainer about my personal fitness goals?

http://www.in.gov/isdh/files/IBRS_IBRS_Confidentiality_and_User_Agreement.doc

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Then click on "Open".



The work sheet will open and you will see the first page. Click on the Print Icon  on the Tool Bar and you can print as many copies of the birth sheet as you wish. See following screen shot.

The screenshot shows the "IndianaBirthworksheet.doc" form open in Microsoft Word. The form is titled "CERTIFICATE OF LIVE BIRTH WORKSHEET". It contains several sections for data entry:

- Mother's Name** and **Mother's Medical Record #** (text input fields).
- CERTIFICATE OF LIVE BIRTH WORKSHEET** (Section Header).
- TYPE OF BIRTH-- PICK ONE:** (Radio button options: ☐ Born at Facility, ☐ Born En-Route to Facility, ☐ Born at Non Participating Facility, ☐ Born En-Route to Non Participating Facility, ☐ Home Birth, ☐ Foundling).
- 1. Facility name:** (Text input field, with a note: "(If not institution, give street and number)").
- 2. City, Town or Location of birth:** (Text input field).
- 3. County of birth:** (Text input field).
- 4. Place of birth:** (Radio button options: ☐ Hospital, ☐ Freestanding birthing center (freestanding birthing center is one that has no direct physical connection to a hospital)).

The form is displayed in a standard Microsoft Word interface with a menu bar, toolbar, and status bar.

ACCURACY AND COMPLETENESS OF BIRTH WORK SHEET

The Birth Worksheet in the IBRS is a combination of two separate worksheets developed by the National Center for Health Statistics, (NCHS), to compliment the 2003 Standard *Certificate of Live Birth*. Every 10 years or so NCHS designs and adopts a new Standard *Certificate of Live Birth* to be used across the country. In order to design this standard certificate, they form a large group consisting of members of the National Association for Public Health Statistics and Information Systems, (NAPHSIS), State Vital Records Registrars, Medical Research groups and interested health professionals. This group will analyze the data that has been collected by the standard certificate currently in use. The validity of the data is tested and if it is doubted or the response is poor or incomplete the question on the standard certificate might be removed. New data items to be added will be tested and debated and if approved will be put on the new standard certificate. A worksheet will be developed and tested. This process can take from five to six years. In the case of the 2003 Standard *Certificate of Live Birth*, which is the one in use now in every state, the committee contracted with experts in designing questionnaires and developed two worksheets with the expectation that both would be used in the hospitals and birthing centers to collect the birth data. Since the two worksheets totaled about 28 pages, the staff at the State Department of Health, (ISDH), tried to streamline them and combined them into one worksheet. Every effort was made to reduce the length of the recommended Birth Worksheet that is part of the IBRS. We attempted to reduce some of the wordiness of the original NCHS worksheets but as NCHS informed the ISDH Vital Records section, the questions on the two worksheets were very carefully worded, by experts in the field of developing questionnaires, in such a way as to have the best chance of extracting the exact needed information from the responders. NCHS staff approved the combined worksheet that is in the IBRS because it includes the wording of the original NCHS worksheets. The expectation is that use of the Birth Worksheet will provide accurate and complete data for the state and national statistical reports.

You will want to use this worksheet, which is designed to follow the order of data entry of the *Certificate of Live Birth*, to collect the information about the infant and its parents before you begin to data enter the home birth. You will ignore the Facility name and instead will collect the address where the birth occurred.

If a hospital in your jurisdiction does not have a birthing unit, but has an emergency delivery, they will not be able to file the birth certificate. You must file the *Certificate of Live Birth* for them as a Non-Participating Facility. You will want to provide the hospital with a copy of the Birth Work Sheet in order for the staff there to collect the information needed to allow you to data enter the birth record. If your county has a lot of home births attended by a lay midwife and you are acquainted with the lay midwife, you might consider providing copies of the worksheet to her, to facilitate collection of the information.

On rare occasions the staff at a hospital, that has a birthing unit, has failed to file a *Certificate of Live Birth* for a birth that occurred in that facility in a timely manner. We have seen occasions when several years have passed since the birth occurred and there was no record filed. The Indiana Birth Registration System, (IBRS), was designed to allow the hospital staff to use the "REGISTRATION/INHOUSE" 'Function' for a birth that occurred THIS YEAR and LAST YEAR only.

Examples:

Parents discover on December 12, 2010 that their son who was born on January 2, 2010 does not have a birth record on file. The "hospital" where the birth occurred discovers that the birth work sheet was filed in the mother's medical records and the birth was never recorded. The "hospital" can use "Registration/InHouse" to file the birth record.

Parents discover on December 12, 2010 that their son who was born on January 2, 2009 does not have a birth record on file. The "hospital" where the birth occurred discovers that the birth work sheet was filed in the mother's medical records and the birth was never recorded. The "hospital" can use "Registration/InHouse" to file the birth record.

Parents discover on December 12, 2010 that their son who was born on December 25, 2008 does not have a birth record on file. The "hospital" where the birth occurred discovers that the birth work sheet was filed with the mother's medical records and the birth was never recorded. The IBRS will prevent the hospital from filing the birth record. In this case the LHD must file the record in 'Back Data Entry'. The "hospital" must notify the LHD and provide information about the birth in order for the LHD to enter it in 'Back Data Entry'.

When a parent comes in to the LHD to file a Home Birth, the IBRS was designed to allow the data entry of the birth record in "REGISTRATION/INHOUSE" for a birth that occurred THIS YEAR and LAST YEAR only.

Any Home Birth or birth that occurred in a Non Participating Facility prior to January 1st of LAST YEAR MUST BE FILED BY THE LHD IN 'BACK DATA ENTRY'. (**SEE CHAPTER 4 – E, BEGINNING ON PAGE 4-95 FOR INSTRUCTIONS ON COMPLETING 'BACK DATA ENTRY'.**)

If a Home Birth or birth that occurred in a Non Participating Facility is not filed with the LHD before the child has turned 4 years, then it cannot be filed at the LHD. Parents must be referred to the State Department of Health to have their child's birth filed as a DELAYED BIRTH. The LHD may only file a Home Birth or birth that occurred in a Non Participating Facility up until the day before the child has his/her 4th birthday. (IC 16-37-2-5)

HOW TO ENTER THE NAME OF THE BABY:

NOTE:

FOREIGN CHARACTERS AND ACCENT MARKS ARE NOT ALLOWED.

Some parents will be very persistent in their demands that special accent marks be used for their child's name. They will insist that Microsoft Word is capable of inserting the accent marks. However, this program uses the Standard American Keyboard that does not have special keys for accent marks and the programming does not allow for inserting the marks. The only marks acceptable are the apostrophe and the hyphen. If the parents insist that Social Security can print the accent marks on the child's card, be aware that we have conferred with the Social Security Administration. We have been told that they DO NOT print cards with special accent marks as they also use the Standard American Keyboard. Therefore based on Federal guidance, to be consistent with the Social Security Administration and the Indiana Bureau of Motor Vehicles, the name will print in all capital letters with no accent marks or foreign characters.

MOTHER IS MARRIED TO THE FATHER:

If the mother and father of the baby are married to each other and the father's name appears on the *Certificate of Live Birth*, they may name the baby any name to which they both agree. If they agree that the baby's name will be different from the normal convention of using the father's last name, including hyphenation, then both mother and the father must sign the Statement of Agreement portion of the *Verification of Birth Facts* form. For multiple names, parents need to be reminded that the last name listed will be the legal surname unless it is hyphenated. Cultural differences in naming infants can be addressed by requiring both married parents' signatures on the Statement of Agreement portion of the *Verification of Birth Facts* form. The signed Statement of Agreement portion of the *Verification of Birth Facts* form is your documentation that John and Nancy Jones truly did name their child "I Feel The Need For Speed Demon" and when they realized what they have done, they cannot accuse you of making an error, or try to make your Health Department pay for the cost of a Legal Name Change. It is recommended that you maintain this form in your files.

MOTHER IS MARRIED, BUT NOT TO THE FATHER, MOTHER CHOOSES TO NOT EXECUTE A PATERNITY AFFIDAVIT AND LISTS HER HUSBAND AS THE FATHER:

The husband is presumed to be the father of the baby (IC 31-14-7-1). The mother and the husband may name the baby any name to which they both agree as long as the husband's information is on the *Certificate of Live Birth* as the father. If they agree that the baby's name will be different from the normal convention of using the husband's last name, including hyphenation, then both the mother and her husband must sign the Statement of Agreement portion of the *Verification of Birth Facts* form. For multiple names, parents need to be reminded that the last name listed will be the legal surname unless it is hyphenated.

MOTHER IS MARRIED, BUT HE MAY OR MAY NOT BE THE FATHER AND SHE REFUSES TO GIVE INFORMATION ABOUT HER HUSBAND FOR THE CERTIFICATE OF LIVE BIRTH:

The IBRS allows for selecting the option "Married But Refusing Husband Information", selecting this will disable the Father's screen and prevent any information from being entered.

The child must take the legal last name of the mother at the time of the birth. IC 16-37-2-13.13(1) (2).

MOTHER IS MARRIED BUT NOT TO THE FATHER, AND SHE WANTS A VOLUNTARY PATERNITY AFFIDAVIT.

The child may be given the name of either of the persons signing the paternity affidavit or any name or combinations to which the mother and father agree. Once signed and notarized, a paternity affidavit can only be changed by a court order. (IC 16-37-2-13) (IC 16-37-2-2.1)

MOTHER IS NOT MARRIED, AND SHE WANTS A VOLUNTARY PATERNITY AFFIDAVIT:

The child may be given any name or combination of names to which the mother and father both agree. Once signed and notarized, a paternity affidavit can only be changed by a court order. (IC 16-37-2-13) (IC 16-37-2-2.1)

MOTHER IS NOT MARRIED AND NO PATERNITY AFFIDAVIT WILL BE FILED:

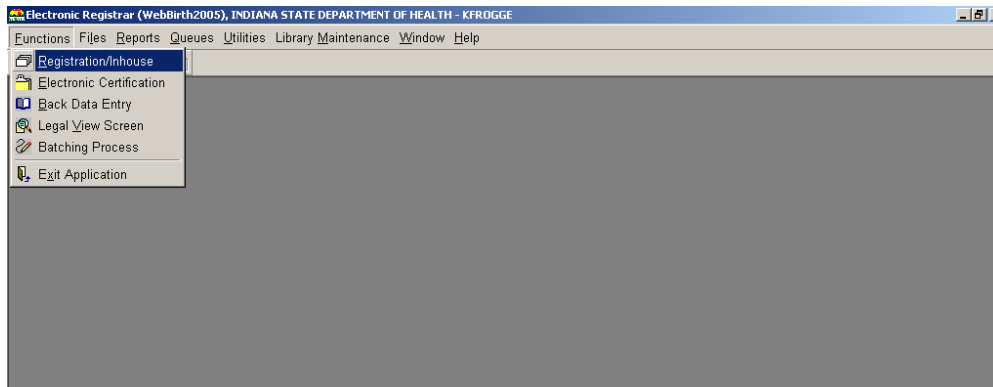
The baby must take the legal last name of the mother at the time of the birth. No hyphenated or other surname may be used without a court order, IC 16-37-2-13.13(1) (2).

MOTHER IS NOT MARRIED, BUT THE FATHER IS DECEASED. SHE WANTS TO ESTABLISH PATERNITY FOR THE BABY:

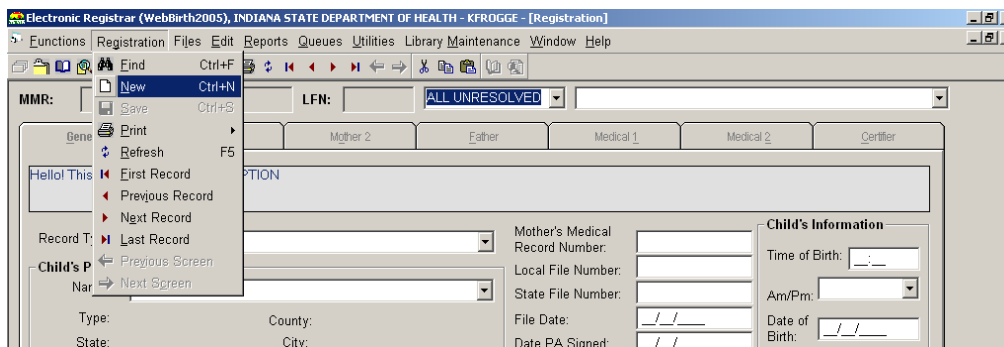
The *Certificate of Live Birth* will be filed as if she is not married and no paternity will be done. The baby will take the legal name of the mother at the time of the birth. However, she can contact the prosecutor's office for details on procedures to establish paternity. Usually, this requires a relative of the deceased to swear that the deceased was the father of the child. The court can then establish paternity and order the birth certificate to be amended. (IC 16-37-2-13)


To do the data entry in the Indiana Birth Registration System, (IBRS), for a *Certificate of Live Birth*

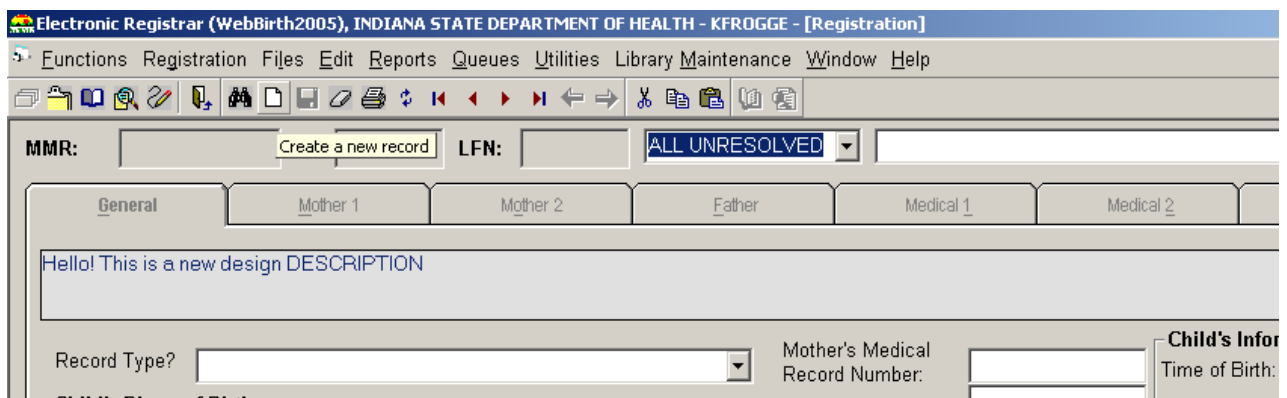
Log into the Program → Click on 'FUNCTION'S' → Click on
REGISTRATION/INHOUSE



Click on REGISTRATION → Click on NEW



Or click on the "New" icon .



The template will be activated and the data fields will be yellow.

Electronic Registrar (WebBirth2005), INDIANA STATE DEPARTMENT OF HEALTH - KfRogge - [Registration]

Functions Registration Files Edit Reports Queues Utilities Library Maintenance Window Help

MMR: SFN: LFN: ALL UNRESOLVED

General Mother 1 Mother 2 Father Medical 1 Medical 2 Certifier

Record Type (Registration) ok2

Record Type? **FOUNDLING**

Child's Place of Birth

Name: **FOUNDLING**

Type: County: State: City:

Child's Current Legal Name

First Name: Middle Name: Last Name: Suffix:

Mother's Current Legal Name

First Name: Middle Name: Last Name: Suffix:

Mother's Mailing Address

Building Number: Pre Direction: Street Name: Street Type: Post Direction: Apt #:

State / Country: County: City:

Zip: Ext: Inside City Limits?

Child's Information

Time of Birth: Am/Pm: Date of Birth: Plurality: Birth Order: Number Of Infants Alive: Child's Sex: Mother's Residence Address: Mother's Mailing Address:

Click on "Record Type?", and the drop down box will display your options for filing a record as seen in the following screenshot. A **FOUNDLING** is a new born infant that was found abandoned or was turned into a safe haven location and must have a birth certificate filed. (IC 16-37-2-11 and 12) A **NON PARTICIPATING FACILITY** is for a birth that occurred at a hospital that does not have a birthing unit and does not have access to the IBRS. See following screen shot.

Select Non Participating Facility

Electronic Registrar (WebBirth2005), ADAMS COUNTY HEALTH DEPARTMENT - KfRogge - [Registration]

Functions Registration Files Edit Reports Queues Utilities Library Maintenance Window Help

MMR: SFN: LFN: ALL UNRESOLVED

General Mother 1 Mother 2 Father Medical 1 Medical 2 Certifier

Record Type (Registration) ok2

Record Type? **FOUNDLING**

Child's Place of Birth

Name: **FOUNDLING**

Type: County: State: City:

Child's Current Legal Name

First Name: Middle Name: Last Name: Suffix:

Mother's Current Legal Name

First Name: Middle Name: Last Name: Suffix:

Mother's Mailing Address

Building Number: Pre Direction: Street Name: Street Type: Post Direction: Apt #:

State / Country: County: City:

Zip: Ext: Inside City Limits?

Child's Information

Time of Birth: Am/Pm: Date of Birth: Plurality: Birth Order: Number Of Infants Alive: Child's Sex: Mother's Residence Address: Mother's Mailing Address:

Then push TAB. The cursor will move to the field "Child's Place of Birth". Click on the drop down arrow and the list of hospitals and birthing centers as well as every address where a home birth had previously occurred will be displayed in alphabetical order. Since you will be doing the data entry for a birth at a Non Participating Facility, scroll down the list until the hospital in question is highlighted and TAB or click and that facility name will be filled in on the screen. See next two screen shots.

The screenshot shows the 'Electronic Registrar (WebBirth2005)' window for 'ADAMS COUNTY HEALTH DEPARTMENT - KFROGGE - [Registration]'. The 'General' tab is active. The 'Record Type?' is set to 'NON PARTICIPATING FACILITY'. The 'Child's Place of Birth' dropdown menu is open, displaying a list of addresses and facilities in alphabetical order. The list includes: 777 WILSON TERRACE CT, 7811 N 350 E, 8201 NEWBURGH RD, 8469 N CO RD 500 W, 850 ROSE STREET, 8673 S 300 W, 950 E OAK STREET, ADAMS CO AMISH CENTER, ADAMS COUNTY MEMORIAL HOSPITAL, and ALL ABOUT WOMEN AND BABIES. The 'Mother's Medical Record Number' and 'Local File Number' fields are empty. The 'Date PA Signed' field is set to '___/___/___'. The 'Child's Information' section shows 'Time of Birth' as '___:___', 'Am/Pm' as a dropdown, 'Date of Birth' as '___/___/___', 'Plurality' as a dropdown, 'Birth Order' as a dropdown, and 'Number Of Infants Alive' as a dropdown.

The screenshot shows the same 'Electronic Registrar (WebBirth2005)' window. The 'Child's Place of Birth' dropdown menu is now closed, and 'ADAMS COUNTY MEMORIAL HOSPITAL' is selected. The 'Type' is 'Hospital', 'County' is 'ADAMS', 'State' is 'INDIANA', and 'City' is 'DECATUR'. The 'Mother's Medical Record Number' and 'Local File Number' fields are empty. The 'Date PA Signed' field is set to '___/___/___'. The 'Child's Information' section shows 'Time of Birth' as '___:___', 'Am/Pm' as a dropdown, 'Date of Birth' as '___/___/___', 'Plurality' as a dropdown, 'Birth Order' as a dropdown, and 'Number Of Infants Alive' as a dropdown.

Use the Birth Work Sheet that was completed at the hospital and data enter the *Certificate of Live Birth*.

OR

Select Foundling

Electronic Registrar (WebBirth2005), ADAMS COUNTY HEALTH DEPARTMENT - KFROGGE - [Registration]

Functions Registration Files Edit Reports Queues Utilities Library Maintenance Window Help

MMR: SFN: LFN: ALL UNRESOLVED

General Mother 1 Mother 2 Father Medical 1 Medical 2 Certifier

Record Type (Registration) ok2

Record Type? FOUNDLING

Child's Place of Birth

Name: FOUNDLING

Type: HOME BIRTH

NON PARTICIPATING FACILITY

Mother's Medical Record Number:

Local File Number:

Child's Information

Time of Birth:

Am/Pm:

Date of Birth:

Then TAB. The cursor will move to the field "Child's Place of Birth". Click on the drop down arrow and the list of hospitals and birthing centers as well as every address where a home birth had previously occurred will be displayed in alphabetical order. Scroll all the way to the bottom of the list and when "Add New" is highlighted either TAB or click on "Add New". See following screen shot.

Electronic Registrar (WebBirth2005), ADAMS COUNTY HEALTH DEPARTMENT - KFROGGE - [Registration]

Functions Registration Files Edit Reports Queues Utilities Library Maintenance Window Help

MMR: SFN: LFN: ALL UNRESOLVED

General Mother 1 Mother 2 Father Medical 1 Medical 2 Certifier

Place of Birth Name (Registration)

Record Type? FOUNDLING

Child's Place of Birth

Name: WASHINGTON COUNTY MEMORIAL HOSPITAL

Type: WELBORN MEMORIAL BAPTIST HOSPITAL

State: WHITE COUNTY MEMORIAL

WILLIAM WISHARD MEMORIAL HOSPITAL

WISCONSIN OUT OF STATE HOSPITAL

Child's Current

First Name: WITHAM HEALTHCARE

WOMEN'S HOSPITAL

WOODLAWN HOSPITAL

Mother's Current

(Add New)

Mother's Medical Record Number:

Local File Number:

Date PA Signed:

Suffix:

Child's Information

Time of Birth:

Am/Pm:

Date of Birth:

Plurality:

Birth Order:

Number Of Infants Alive:

When the Add New screen opens, type UNKNOWN in the "Name" field, and then TAB to the "TYPE" field and select "Not Classifiable". See next screen shot.

Type UNKNOWN in the address field, and type Indiana in the State field. When you start typing the name of the State, the **Minds Eye (Type Ahead Logic)**, (as discussed in Chapter 3), will start filtering down to the State of Indiana. However; the Type Ahead logic gets to the country of **India** before Indiana, so you must be careful to select the correct entry. If you highlight Indiana and TAB or Click it will be selected. Selecting the State will load the list of cities in Indiana. TAB to the "Town" field and start typing the city where the infant was found and the Type Ahead logic will start to filter down to the correct city. When the correct city is highlighted, either TAB or click on the name, and it will be filled in. Then you must click on OK to save the entry.

OR

Select Home Birth

The screenshot shows the 'Electronic Registrar (WebBirth2005)' application window. The 'General' tab is selected, displaying various registration fields. The 'Record Type?' is set to 'HOME BIRTH'. The 'Child's Place of Birth' dropdown menu is open, showing a list of hospitals and birthing centers, with 'Add New' highlighted at the bottom. The 'Mother's Medical Record Number' and 'Local Registrar' (KOSCIUSKO COUNTY HEALTH DEP.) are also visible. The 'Child's Information' section includes fields for 'Time of Birth', 'Am/Pm', 'Date of Birth', 'Plurality', 'Birth Order', 'Number Of Infants Alive', and 'Child's Sex'. The 'Mother's Current' section has 'Add New' highlighted. The 'Mother's Mailing Address' section includes fields for 'Building Number', 'Pre Direction', 'Street Name', 'Street Type', 'Post Direction', 'Apt #', 'State / Country', 'County', 'City', 'Zip', 'Ext', and 'Inside City Limits?'. The status bar at the bottom indicates 'Records in Queue: 0', 'Place of Birth Name', 'Blank-Unresolved', 'Adding New Record', and the date '9/20/2007'.

Then TAB. The cursor will move to the field "Child's Place of Birth". Click on the drop down arrow and the list of hospitals and birthing centers as well as every address where a home birth had previously occurred will be displayed in alphabetical order. Scroll all the way to the bottom of the list and when "Add New" is highlighted either TAB or click on "Add New". See previous screen shot.

When the Add New screen opens, Type the Address of the Place of Birth in the "NAME" field. TAB to the TYPE field and click on the drop down arrow on the right end and select either Home (Intended), Home (Not Intended) or Home (Unknown if Intended) and TAB. Then the Address of the place where the birth occurred will be typed again in the "Address" field. When you start typing the name of the State, the **Minds Eye (Type Ahead Logic)**, (as discussed in Chapter 3), will start filtering down to the State of Indiana. However; the Type Ahead logic gets to the country of **India** before Indiana, so you must be careful to select the correct entry. If you

highlight Indiana and TAB or Click it will be selected. Selecting the State will load the list of cities in Indiana. TAB to the "Town" field and start typing the city where the birth occurred and the Type Ahead logic will start to filter down to the correct city. When the correct city is highlighted, either TAB or click on the name, and it will be filled in. Then you must click on OK to save the entry. See following screen shot.

Facility Maintenance, ADAMS COUNTY HEALTH DEPARTMENT - KFROGGE

Record Edit Window Help

Name: 135 West Rocky Road

Type: Clinic/Doctor's Office
Home (Intended)
Home (Not Intended)
Home (Unknown If Intended)
Hospital
Licensed Birthing Center
Not classifiable
Other

Address:

State:

Town:

Local Health Department:

Facility

0 Records

Facilities

OK Cancel

The Child's Place of Birth is filled in. See following screen shot.

Electronic Registrar (WebBirth2005), ADAMS COUNTY HEALTH DEPARTMENT - KFROGGE - [Registration]

Functions Registration Files Edit Reports Queues Utilities Library Maintenance Window Help

MMR: SFN: LFN: ALL UNRESOLVED

General Mother 1 Mother 2 Father Medical 1 Medical 2 Certifier

Place of Birth Name (Registration)

Record Type? HOME BIRTH

Child's Place of Birth

Name: 1452 BUCK CREEK ROAD

Type: Home (Intended) County: ADAMS

State: INDIANA City: GENEVA

Mother's Medical Record Number:

Local File Number:

Date PA Signed: / /

Child's Information

Time of Birth: --:--

Am/Pm: --

Date of Birth: / /

Plurality: --

TAB to **Mother's Medical Record Number**.

If you are doing the data entry for a birth at a Non Participating Facility, type in the medical record number that they filled in on the work sheet. If you are doing the data entry for a FOUNDLING or HOME BIRTH, type the word NONE, or NOT APPLICABLE, or a string of X's. See following screen shot.

Use the TAB key to move from field to field and type in the information provided by the parents.

TIME OF BIRTH

Is to be entered with 4 digits in standard time. Do not use Military time.

Example

10:15am is entered as 10:15 in the Time of Birth field

1:30pm is entered as 01:30 in the Time of Birth field

12:00 is entered as 12:00 in the Time of Birth field.

The AM/PM field is next. Type an A or a P or click on the drop down arrow and click on the AM or PM.

For the first example above type A and AM would fill in on the screen.

For the second example above, type P and PM would fill in on the screen.

For the third example click on the drop down arrow and select NOON or MIDNIGHT

See following screen shot.

Electronic Registrar (WebBirth2005), BALL MEMORIAL HOSPITAL - KFROGGE - [Registration]

Functions Registration Files Edit Reports Queues Utilities Library Maintenance Window Help

MMR: 120121 ALL UNRESOLVED BRAY (C), 7/11/2010, SINGLE

General Mother 1 Mother 2 Father Medical 1 Medical 2 Certifier

Child's Time of Birth AMPM (Registration)

Record Type? BORN AT FACILITY Mother's Medical Record Number: 120121

Child's Place of Birth

Name: BALL MEMORIAL HOSPITAL

Type: Hospital County: DELAWARE

State: INDIANA City: MUNCIE

Date PA Signed: / /

Child's Information

Time of Birth: 12:00

Am/PM: MIDNIGHT

Date of Birth: 7/11/2010

Plurality:

DATE OF BIRTH:

Enter the date by using eight numbers. No slashes or dashes are to be entered. This field cannot be unknown.

A *Certificate of Live Birth* may be entered by an LHD staff person using the 'Function' "REGISTRATION/INHOUSE" at any time after the birth occurred if the birth occurred either THIS YEAR or LAST YEAR. If the birth record is entered more than a few days after it occurred a message will appear asking if date of birth information is correct. If it is, just click on OK and continue.

PLURALITY:

Select "Single" from the drop down box for one child, "Twin" for two, "Triplet" for three and so on. If Single is selected, the Birth Order will be filled in with the word Single and will be disabled preventing any further data entry in that field. If the Plurality box is answered Twin or any other multiple birth, the Birth Order box must be filled in. (See following two screen shots.)

Electronic Registrar (WebBirth2005), BALL MEMORIAL HOSPITAL - KFROGGE - [Registration]

Functions Registration Files Edit Reports Queues Utilities Library Maintenance Window Help

MMR: 120121 ALL UNRESOLVED BRAY (C), 7/11/2010, SINGLE

General Mother 1 Mother 2 Father Medical 1 Medical 2 Certifier

Number of Products in This Pregnancy (Registration)

Record Type? BORN AT FACILITY Mother's Medical Record Number: 120121

Child's Place of Birth

Name: BALL MEMORIAL HOSPITAL

Type: Hospital County: DELAWARE

State: INDIANA City: MUNCIE

Date PA Signed: / /

Child's Information

Time of Birth: 08:42

Am/PM: MIDNIGHT

Date of Birth: 07/11/2010

Plurality: SINGLE

Child's Current Legal Name

First Name: Middle Name: Last Name: Suffix:

Mother's Current Legal Name

First Name: Middle Name: Last Name: Suffix:

Mother's Mailing Address

Building Number: Pte Direction: Street Name: Street Type: Post Direction: Apt #:

Electronic Registrar (WebBirth2005), BALL MEMORIAL HOSPITAL - KFROGGE - [Registration]

Functions Registration Files Edit Reports Queues Utilities Library Maintenance Window Help

MMR: 120121 ALL UNRESOLVED BRAY (C), 7/11/2010, SINGLE

General Mother 1 Mother 2 Father Medical 1 Medical 2 Certifier

Birth Order of This Child (Registration)

Record Type? BORN AT FACILITY Mother's Medical Record Number: 120121

Child's Place of Birth

Name: BALL MEMORIAL HOSPITAL

Type: Hospital County: DELAWARE

State: INDIANA City: MUNCIE Date PA Signed: / /

Child's Current Legal Name

First Name: Middle Name: Last Name: Suffix:

First Name: Middle Name: Last Name: Suffix:

Mother's Current Legal Name

First Name: Middle Name: Last Name: Suffix:

First Name: Middle Name: Last Name: Suffix:

Child's Information

Time of Birth: 08:42

Am/Pm:

Date of Birth: 07/11/2010

Plurality: TWINS

Birth Order: FIRST SECOND

Child's Sex:

Electronic Registrar (WebBirth2005), BLOOMINGTON HOSPITAL OF ORANGE COUNTY, INC. - KFROGGE - [Registration]

Functions Registration Files Edit Reports Queues Utilities Library Maintenance Window Help

MMR: 02 Process Load Retrieving record... BRYANT RELVE(C), 7/6/2010, FIRST

General Medical 1 Medical 2 Certifier

Record Type (Registration) ok2

Record Type? Mother's Medical Record Number:

Child's Place of Birth

Name:

Type: County:

State: City:

Child's Current Legal Name

First Name: Middle Name: Last Name: Suffix:

First Name: Middle Name: Last Name: Suffix:

Mother's Current Legal Name

First Name: Middle Name: Last Name: Suffix:

First Name: Middle Name: Last Name: Suffix:

Child's Information

Time of Birth:

Am/Pm:

Date of Birth: / /

Plurality:

Birth Order:

Number Of Infants Alive:

The last record was a multiple birth.
Do you want to populate the mother's information for this new record?

Yes No

When you finish a birth record for a child that was part of a multiple delivery with more than one of the infants born alive, Click on Registration, then Clicking on New will trigger a message, (shown in previous screen shot), asking if this new record should be prefilled with information from the previous record. Click on "Yes" to save some time and effort in creating the *Certificate of Live Birth* for the subsequent infants in a multiple delivery.

NUMBER OF INFANTS BORN "ALIVE"

If this was one of a set of multiple deliveries, enter the number of the children that were born alive in this delivery. A Twin birth could be entered as 1 or 2 depending on how many of the Twins were born alive.

SEX:

This is a mandatory field. The field may be data entered by typing the appropriate letter, F for female, M for male or U for unknown, or by clicking on the drop down arrow and clicking on the appropriate word.

NAME OF CHILD:

You will enter the first, middle and surname of the Child in that order, followed by the Suffix if there is one. Enter the names the parents provide. Check the spelling since there are many ways to spell the same name.

There is room in each name field for 50 characters. Only letters, hyphens and apostrophes are permitted in the name fields. The IBRS program has edit messages that appear on the screen in response to what is entered in certain fields. The IBRS will compare the surnames of the child with the parents when they are entered and a soft edit message will appear asking you to verify the names again. If the names are entered correctly the IBRS will allow you to continue processing. Usually the child's last name is the same last name as the father; however, this is not always the case. (See rules for naming infant starting on page 4-18 of this chapter.)

SUFFIX:

This field is for the generation identifier. Enter Jr., II, III, etc., if the child is to have a suffix added to the name. Do not add a suffix after the last name in the last name field. The Suffix is selected from the drop down box to the right of the Suffix field. Note that there is also a Suffix field for the Mother's name, because it is possible for a woman to have a Suffix.

Electronic Registrar (WebBirth2005), BALL MEMORIAL HOSPITAL - KFROGGE - [Registration]

Functions Registration Files Edit Reports Queues Utilities Library Maintenance Window Help

MMR: 22222 ALL UNRESOLVED

General Mother 1 Mother 2 Father Medical 1 Medical 2 Certifier

Child's Suffix (Registration)

Record Type? BORN AT FACILITY Mother's Medical Record Number: 22222

Child's Place of Birth
Name: BALL MEMORIAL HOSPITAL
Type: Hospital County: DELAWARE
State: INDIANA City: MUNCIE Date PA Signed: / /

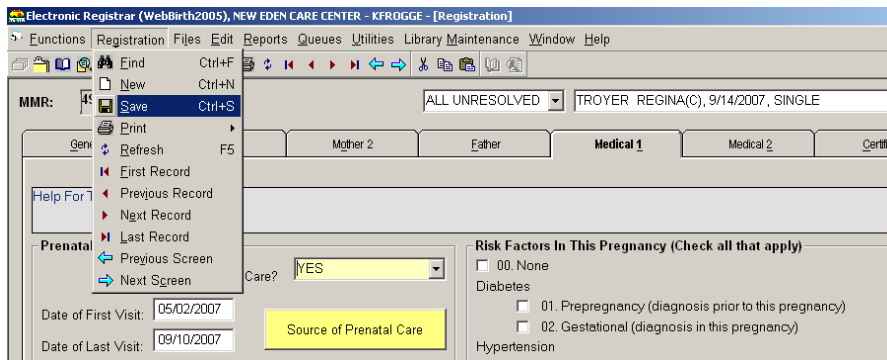
Child's Current Legal Name
First Name: THURSTON Middle Name: WINSLOW Last Name: HOWELL Suffix: [I II III IV V VI VII VIII]

Mother's Current Legal Name
First Name: Middle Name: Last Name:

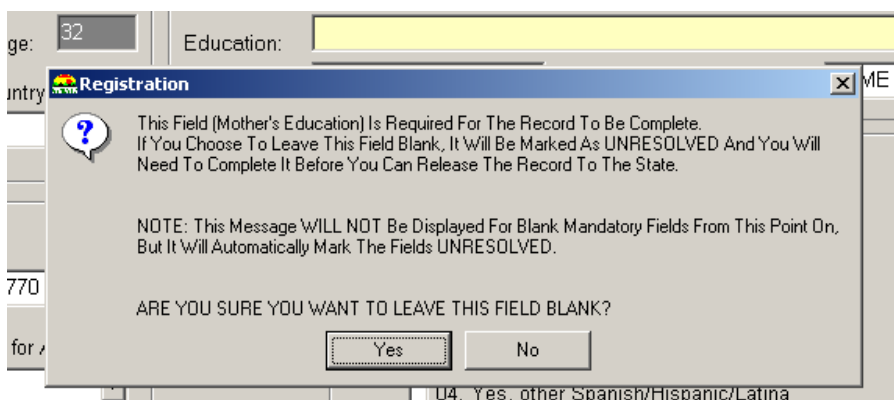
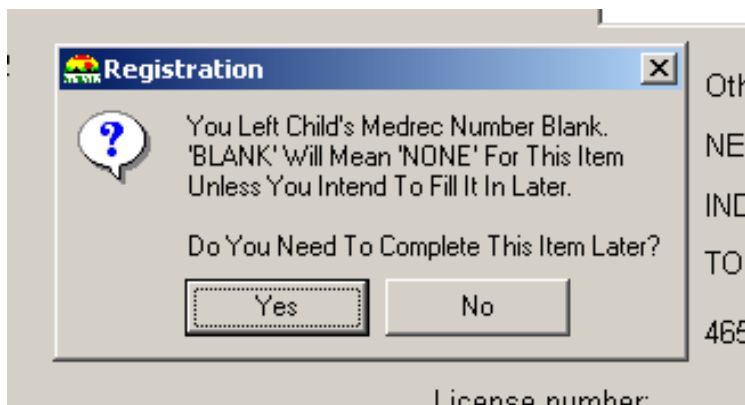
Mother's Mailing Address
Building Number: Pre Direction: Street Name: Street Type: Post D

Child's Information
Time of Birth: 12:15
Am/Pm: PM
Date of Birth: 07/12/2010
Plurality: SINGLE
Birth Order: Single
Number Of Infants Alive:
Child's Sex: MALE

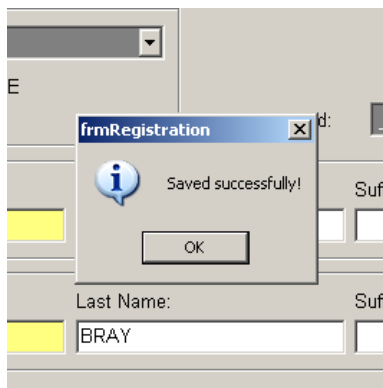
Remember to SAVE often. Click on REGISTRATION, and click on SAVE, or click on the Save icon.



When you save you might get a message about unresolved fields, read the message carefully, and answer appropriately.



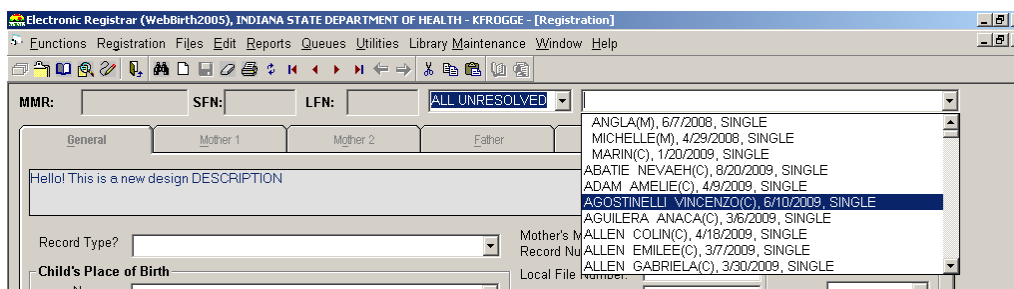
When the "Saved successfully" box appears, click on OK, then click on next field to data enter and continue. (See following screen shot.)



If you must stop entering a record and close IBRS before the record is finished remember to **SAVE** it. Click on REGISTRATION, then click on SAVE, or click on the SAVE icon.

When you want to work on the record again, Log In, click on 'FUNCTION'S, and then click on REGISTRATION INHOUSE.

Then Click on the Down Arrow button to the right of the blank box that is to the right of the ALL UNRESOLVED box and click on the record you want, and it will be filled in on the screen. See following screen shot.



To find out what must be entered on the record: Click on UPDATING RECORD on the right side of the bottom of the screen.

The Unresolved Field List will appear and will identify any field (hyperlinked) that is still considered unresolved by the system. If there are any unresolved fields that are identified in this window, please complete (resolve) them as the record will not be available for release to the Local Health Department "Batch Printing" process until all fields are detected as resolved.

Click on the first "Unresolved" item, i.e. Source of prenatal care - Hospital Clinic (Statistical) and the program will take you to that field. See following screen shot.

THE UNRESOLVED FIELDS LIST Registration

Medical 1

Mother Transferred (Statistical)

Source of prenatal care - Hospital Clinic (Statistical)

Source of prenatal care - Public Health Clinic (Statistical)

Source of prenatal care - Private Physician (Statistical)

Source of prenatal care - Midwife (Statistical)

Source of prenatal care - Other (Statistical)

Source of prenatal care - Unknown (Statistical)

Medical 2

Baby Transferred (Statistical)

Infant Alive at Time of Report (Statistical)

Breast Fed (Statistical)

Hepatitis B Immunization Given (Statistical)

Certifier

Date Electronically Certified (Legal)

Newborn Screening Number

Exit

Begin data entering where you stopped the last time you worked on the record.

MOTHER'S CURRENT LEGAL NAME

You will enter the first, middle and last names of the Mother in that order. The Last Name is the Mother's current legal last name. Check the spellings since there are many ways to spell the same name.

There is room in each name field for 50 characters. Only letters, hyphens and apostrophes are permitted in the name fields. See following screen shot.

Electronic Registrar (WebBirth2005), BALL MEMORIAL HOSPITAL - KFDGGE - [Registration]

Functions Registration Files Edit Reports Queues Utilities Library Maintenance Window Help

MMR: [ALL UNRESOLVED]

Record Type (Registration) ok2

Record Type? [] Mother's Medical Record Number: []

Child's Place of Birth
 Name: []
 Type: [] County: []
 State: [] City: [] Date PA Signed: []

Child's Current Legal Name
 First Name: [] Middle Name: [] Last Name: [] Suffix: []

Mother's Current Legal Name
 First Name: [] Middle Name: [] Last Name: [] Suffix: []

Mother's Residence Address
 Building Number: [] Pre Direction: [] Street Name: [] Street Type: [] Post Direction: [] Apt #: []
 State / Country: [] County: [] City: []
 Zip: [] Ext: [] Inside City Limits?: [] Mailing Address Same as Residence Address?: []

Child's Information
 Time of Birth: []
 Am/Pm: []
 Date of Birth: []
 Plurality: []
 Birth Order: []
 Number Of Infants Alive: []
 Child's Sex: []

Mother's Residence Address
 Mother's Mailing Address

Records In Queue: 7 | Record Type | Blank-Unresolved | Adding New Record | CAPS | NUM | INS | 7/13/2010

Start | Inbox - Micr... | GENERAL IN... | JULY 1 2010... | Login to MyH... | Electronic Re... | Electronic ... | 9:20 AM

MOTHER'S RESIDENCE ADDRESS:

As you can see on the screen shot above there are 13 separate fields to be filled in for the mother's residence address. The field for Post Direction was added because some addresses require a place to put more than one direction.

Examples

1522 East J Street South

1522 is entered in the "Building Number" field, East is entered in the "Pre-Direction" field, J is entered in the "Street Name" field, Street is entered in the "Street Type" field, and South is entered in the "Post-Direction" field.

1055 West 200 North

1055 is entered in the "Building Number" field, West is entered in the "Pre-Direction" field, 200 is entered in the "Street Name" field, TAB through the "Street Type" field, and Click on NO when the error message appears, then North is entered in the "Post-Direction" field.

The screenshot shows a registration form with several fields. A modal dialog box titled "Registration" is open in the center. The dialog contains the following text: "You Left Mother's Residence Street Type Blank. 'BLANK' Will Mean 'NONE' For This Item Unless You Intend To Fill It In Later." Below this text is a question: "Do You Need To Complete This Item Later?" with two buttons: "Yes" and "No". The background form includes fields for "OUT OF STATE", "Date of Birth", "County", "City", "Current Legal Name", "Middle Name", "Last Name", "Suffix", and "Residence Address". There are also fields for "Record Number", "Local File Number", "State File Number", and "File Date".

When you reach the field for the State/Country, you will encounter one of the Type Ahead fields. Typing the first few letters of the state or country will filter the name you want to the top of the list. When the name of the state or country you want to enter for the mother's residence address is highlighted in the field just TAB and the information is filled in. However be careful when selecting Indiana, because "**INDIA**" filters to the top before Indiana, and you want to be sure to select the correct entry. You will be able to see part of the list of States and Countries when you begin typing in this field.

Selection of the state or country loads the next table for County. Selecting Indiana will cause the IBRS to load all of the counties in Indiana. Selection of any other state will cause the counties of that state to be loaded. Begin typing the name of the county needed and it will filter to the top of the list, select that county by TABBING to the City field. Selection of the County loads the cities in that county, begin typing the city name and it will filter up to the top of your list, just select the city by TABBING.

If you do not find the Indiana County that you want when you start typing, make sure that you have not selected **INDIA** for the State. If you have, just click on the State/Country field and change the entry.

If you do not find the Georgia County that you want when you start typing, make sure that you have not selected the Country Georgia for the State. Check this by clicking on the State/Country field and using the drop down arrow to select the other Georgia and try to type the county again.

If you do have the County and you do not find the City you want when you start typing, and then scroll to the end of the list of cities and click on the "Add New" selection.

The following screen will appear. Type the name of the city in the Name field, and then click on OK.

The City field will be filled with the name you just added to the list.

ZIP CODE

Begin typing the Zip Code and if the city has more than one the list will appear in a drop down box for selection. Click on the correct zip code number and TAB.

EXT

This is the zip code extension. Unless you know it, just TAB through the field.

CITY LIMITS:

Answer "Y" (yes) if the residence is inside the city limits. Otherwise, answer "N" (no).

MAILING ADDRESS SAME AS RESIDENCE ADDRESS?

Type "YES" or "NO" or click on the drop down box arrow and click on the answer. If you answer "YES", the program will fill in the same information in the Mother's Mailing Address field. If you answer "NO", the Mother's Mailing Address fields will be activated and must be completed.

Remember to SAVE often. Click on REGISTRATION, and click on SAVE, or click on the Save icon.

MOTHER 1 SCREEN

Electronic Registrar (WebBirth2005), BALL MEMORIAL HOSPITAL - KFROGGE - [Registration]

Functions Registration Files Edit Reports Queues Utilities Library Maintenance Window Help

MMR: 405775 ALL UNRESOLVED YOUNG (C), 7/12/2010, SINGLE

General Mother 1 Mother 2 Father Medical 1 Medical 2 Certifier

Mother's Date of Birth (Registration)

Mother's Information

Date of Birth: 01/02/1978 Age: 32

State, Territory, or Foreign Country of Birth:

Mother's Information

Mother's SSN: 309-84-5455

Will Infant Be Placed for Adoption? NO

SSN for Baby? YES

Mother's Information

Education:

Occupation: Type of Business/Industry:

Mother of Hispanic Origin? (Check only one)

☒ 00. No, not Spanish/Hispanic/Latina

☐ 01. Yes, Mexican, Mexican American, Chicana

☐ 02. Yes, Puerto Rican

☐ 03. Yes, Cuban

☐ 04. Yes, other Spanish/Hispanic/Latina

(Specify)

☐ 99. Unknown if Spanish/Hispanic/Latina

Mother Of Hispanic Origin? Mother's Race

Records In Queue: 7 Mother's Date of Birth Valid-Resolved Updating Record CAPS NUM INS 7/13/2010

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DATE OF BIRTH:

Enter the date of the mother's birth. Enter the date with 8 numbers. Slashes and dashes are not allowed when entering the date of birth.

STATE, TERRITORY OR FOREIGN COUNTY OF BIRTH:

Begin typing the Mother's Place of Birth and the Type Ahead feature will filter down to the name you are entering. When the name is highlighted, TAB to the next field.

MOTHER'S SSN:

Enter what is given. If there is no social security NUMBER enter a "?".

NOTE: The "?" must be entered in the very first position of the social security number field in order to be accepted. If the IBRS will not accept the "?" use the left arrow key to try to move the cursor to the first position of the field and type the "?" again. If it still will not accept the "?", enter 999-99-9999.

And TAB to next field.

ADOPTION:

Enter "Yes" if the baby is being placed for adoption. Enter "No" if the baby is not being placed for adoption. Entering "Yes" will disable the next field "SSN for Baby".

SSN FOR BABY?

Enter "Yes" if the parent(s) wants to apply for the Social Security card through the Enumeration at Birth process. Enter "No" if the parent(s) does not want to apply through this automatic process. Enter "No" if the child has not been named.

EDUCATION:

Click on the drop down box arrow on the right end of the Education field box and Click on the appropriate selection. If the Mother completed high school, the entry would be "High School Graduate or GED completed". See following screen shot.

Electronic Registrar (WebBirth2005), BALL MEMORIAL HOSPITAL - KFROGGE - [Registration]

Functions Registration Files Edit Reports Queues Utilities Library Maintenance Window Help

MMR: 405775 ALL UNRESOLVED YOUNG (C), 7/12/2010, SINGLE

General Mother 1 Mother 2 Father Medical 1 Medical 2 Certifier

Mother's Education (Registration)

Mother's Information

Date of Birth: 01/02/1978 Age: 32

State, Territory, or Foreign Country of Birth:

Mother's SSN: 309-84-5466

Mother's Information

Education: 8TH GRADE OR LESS
9TH - 12TH GRADE, NO DIPLOMA
HIGH SCHOOL GRADUATE OR GED COMPLETED
SOME COLLEGE CREDIT, BUT NOT A DEGREE
ASSOCIATE DEGREE (AA, AS)
BACHELOR'S DEGREE (BA, AB, BS)
MASTER'S DEGREE (MA, MS, MENG, MED, MSW, MBA)
DOCTORATE (PHD, EDD), PROFESSIONAL (MD, DDS, DVM, LLB, JD)
UNKNOWN
11. Native Hawaiian

Mother's Race (Check one)

☒ 01. White
☐ 02. Black
☐ 03. American Indian or Alaska Native
☐ 11. Native Hawaiian
☐ 12. Unspecified or Unknown

OCCUPATION:

Enter the Mother's occupation. This would be the kind of work she does. Teacher, homemaker, or student are examples of appropriate entries for this field. Do not enter the name of a company. This field must be completed. If the Occupation is unknown, then type UNKNOWN in the field.

INDUSTRY:

Enter the Industry in which the Mother worked. This would be either the name of the company, such as "Posies by Frances" or the type of work done such as glass manufacturing. This field must be completed. If the Industry is unknown, then type UNKNOWN in the field.

MOTHER OF HISPANIC ORIGIN? (CHECK ONLY ONE):

TAB to the appropriate answer and either click on the check box or hit the space bar to select the answer. If "Yes, other Spanish/Hispanic/Latina" is selected, then you will be required to enter the type in the box labeled (Specify).

Selecting an answer for this question grays out the rest of the screen and TABBING causes the screen to change to the RACE field. See following screen shot.

Electronic Registrar (WebBirth2005), BALL MEMORIAL HOSPITAL - KFRIDGE - [Registration]

Functions Registration Files Edit Reports Queues Utilities Library Maintenance Window Help

MMR: 405775 ALL UNRESOLVED YOUNG (C), 7/12/2010, SINGLE

General Mother 1 Mother 2 Father Medical 1 Medical 2 Certifier

Mother's Date of Birth (Registration)

Mother's Information

Date of Birth: 02/1978 Age: 32

State, Territory, or Foreign Country of Birth:

Mother's Information

Mother's SSN: 309-84-5455

Will Infant Be Placed for Adoption? NO

SSN for Baby? YES

Mother of Hispanic Origin? (Check only one)

☒ 00. No, not Spanish/Hispanic/Latina

☐ 01. Yes, Mexican, Mexican American, Chicana

☐ 02. Yes, Puerto Rican

☐ 03. Yes, Cuban

☐ 04. Yes, other Spanish/Hispanic/Latina (Specify)

☐ 99. Unknown if Spanish/Hispanic/Latina

Mother Of Hispanic Origin? Mother's Race

Records In Queue: 7 Mother's Date of Birth Valid-Resolved Updating Record CAPS NUM INS 7/13/2010

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MOTHER'S RACE:

Check one or more Race selection(s) to indicate what the mother considers herself to be. TAB through the entire list of races and either hit the space bar when the appropriate selection is highlighted or click on the check box. More than one may be selected. If the Mother is American Indian, the box "Name of the enrolled or principal tribe" will be activated and you must fill it in with either the name of the tribe or tribes or Unknown.

If the Mother is from India or says she is Asian Indian, select Asian Indian.

Selecting Other Asian, Other Pacific Islander or Other requires data entry of the other race or the word Unknown. See following screen shot.

Electronic Registrar (WebBirth2005), BALL MEMORIAL HOSPITAL - KFDGGE - [Registration]

Functions Registration Files Edit Reports Queues Utilities Library Maintenance Window Help

MMR: 405775 ALL UNRESOLVED YOUNG (C), 7/12/2010, SINGLE

General Mother 1 Mother 2 Father Medical 1 Medical 2 Certifier

Mother's Date of Birth (Registration)

Mother's Information

Date of Birth: 01/02/1978 Age: 32

State, Territory, or Foreign Country of Birth:

Mother's Information

Mother's SSN: 309-84-6455

Will Infant Be Placed for Adoption? NO

SSN for Baby? YES

Mother's Information

Education:

Occupation: Type of Business(Industry):

Mother's Race
(Check one or more race to indicate what the mother considers herself to be)

☒ 01. White ☐ 10. Other Asian (Specify)

☐ 02. Black or African American ☐ 11. Native Hawaiian

☐ 03. American Indian or Alaska Native (Name of the enrolled or principal tribe) ☐ 12. Guamanian or Chamorro

☐ 04. Asian Indian ☐ 13. Samoan

☐ 05. Chinese ☐ 14. Other Pacific Islander (Specify)

☐ 06. Filipino ☐ 15. Other (Specify)

☐ 07. Japanese ☐ 99. Unknown

☐ 08. Korean

☐ 09. Vietnamese

Mother Of Hispanic Origin? Mother's Race

MOTHER 2 SCREEN

Electronic Registrar (WebBirth2005), BALL MEMORIAL HOSPITAL - KFDGGE - [Registration]

Functions Registration Files Edit Reports Queues Utilities Library Maintenance Window Help

MMR: 405775 ALL UNRESOLVED YOUNG (C), 7/12/2010, SINGLE

General Mother 1 **Mother 2** Father Medical 1 Medical 2 Certifier

Help For This Field Is Not Available.

Mother's Health Information

Did Mother Receive WIC Food For Herself Because she was pregnant with this child? YES

Mother's Weight (Pounds)

Mother's Height (Feet : Inches): 05.07 Prepregnancy: 119 At Delivery: 137

Cigarette Smoking Before and During Pregnancy

Three Months Before - Cigs / Day: Packs / Day:

First Three Months - Cigs / Day: Packs / Day:

Second Three Months - Cigs / Day: Packs / Day:

Third Trimester - Cigs / Day: Packs / Day:

Mother's Information

Mother's Name Prior to Her First Marriage

First Name: LAURA Middle Name: Last Name: YOUNG Suffix:

Marital Status: NEVER MARRIED Is Mother Married to the Father of This Child? NO

Will a Paternity Affidavit Be Completed? NO Paternity Affidavit Number:

Records In Queue: 7 Mother's Women Infants and Children Valid-Resolved Updating Record CAPS NUM INS 7/13/2010

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DID MOTHER RECEIVE WIC FOOD FOR HERSELF: BECAUSE SHE WAS PREGNANT WITH THIS CHILD?

Enter "YES", "NO" OR "UNKNOWN" based upon whether the Mother received WIC vouchers to pay for additional food for herself during the pregnancy for this child. See previous screen shot.

MOTHER'S HEIGHT: (FEET: INCHES):

This requires 4 numbers to enter; values of less than 10 must be entered with a leading zero. Please enter numbers carefully. It is not necessary to enter the symbols for feet and inches, the IBRS program does this automatically.

Example:

05'03" enter 0503

04'10" enter 0410

MOTHER'S WEIGHT (POUNDS):

Pre-pregnancy:

This field is for how much the mother weighed when she learned she was pregnant. Enter up to three numbers. If this information is not available or unknown, enter a question mark, "?".

At Delivery:

This field is for how much the mother weighed the day she delivered this child. Enter up to three numbers. If this information is not available or unknown, enter a question mark, "?".

NOTE: The "?" must be entered in the very first position of the weight field in order to be accepted. If the IBRS will not accept the "?" use the left arrow key to try to move the cursor to the first position of the field and type the "?" again. If it still will not accept the "?", enter 999.

Remember to SAVE often. Click on REGISTRATION, and click on SAVE, or click on the Save icon.

CIGARETTE SMOKING BEFORE AND DURING PREGNANCY:

	# of cigarettes		# of packs
Three months before pregnancy	_____	OR	_____
First three months of pregnancy	_____	OR	_____
Second three months of pregnancy	_____	OR	_____
Last three months of pregnancy	_____	OR	_____

Each three month period must be filled in with a **number, a '0', (zero), or a "?"** in each column. If the #of cigarettes is entered as 0 for any three month period, the # of packs column will be filled in and turn gray.

MOTHER'S NAME PRIOR TO HER FIRST MARRIAGE:

Note that the Mother's First and Middle Name are already filled in on this screen. The IBRS pre-fills these fields from the information entered on the GENERAL SCREEN. On the MOTHER 2 SCREEN, the last name field is for the Mother's maiden name. If you give the worksheet to the mother to fill out, then you need to pay close attention to what is on the worksheet. Sometimes the Mother will fill this in on the first page using her Maiden name as her middle name. Therefore it is sometimes necessary to change the middle name on this screen.

CURRENT MARITAL STATUS:

Click on the drop down arrow on the right end of the field box, and the options for this field will be displayed. Click on the appropriate answer and it will be completed. Certain selections in this field will disable the next field and it will turn gray. See following screen shot.

The screenshot displays a web-based form for entering mother's information. At the top, there are input fields for 'First name:' (SARA), 'Middle name:' (MICHELE), 'Last name:' (JAROMIN), and a 'Suffix:' dropdown. Below these, the 'Marital Status:' dropdown is open, showing a list of options: 'CURRENTLY MARRIED' (highlighted in blue), 'NEVER MARRIED', 'WIDOWED', 'DIVORCED', 'CURRENTLY MARRIED' (repeated), and 'MARRIED BUT REFUSING HUSBAND INFORMATION'. To the right of the marital status dropdown is the question 'Is Mother Married to the Father of This Child?' with a 'YES' dropdown. Below this is a 'Paternity Affidavit Number:' field, which is currently disabled (grayed out). The bottom of the screen shows a taskbar with various icons and a system clock indicating 12:36 PM on 7/13/2010.

IS MOTHER MARRIED TO THE FATHER OF THIS CHILD?:

Select "YES" or "NO". The Mother could be married, but her husband is not the father of the child, therefore this field could be answered as "NO". If this field is answered "NO", the next field will be activated and must be answered.

WILL A PATERNITY AFFIDAVIT BE COMPLETED?:

If the answer to "Is Mother Married to the Father of This Child?" is answered as NO, this question must also be answered. Answer "YES" or "NO".

UNLESS YOU ARE FILING A *CERTIFICATE OF LIVE BIRTH* THAT OCCURRED LESS THAN 72 HOURS PRIOR TO THE DAY YOU ARE ENTERING THE BIRTH IN

THE IBRS, THE ANSWER WILL ALWAYS BE NO. "REGISTRATION/INHOUSE" WILL NOT PERMIT A PATERNITY AFFIDAVIT TO BE CREATED MORE THAN 72 HOURS AFTER THE BIRTH.

Even if the parents say they want to do a Paternity Affidavit you cannot do it here. See the chapter on Changes to the Birth Record for the process.

If the Answer is "NO", the Father screen will be completely grayed out and you will not be allowed to enter any information about the father.

If you should happen to be filing a *Certificate of Live Birth* for a birth that occurred less than 72 hours ago and the parents want to do a PA, then you may answer YES to this question.

If the answer is "YES a Paternity Affidavit will be completed", the Father screen is activated and must be filled in. See following screen shot.

When you are ready to print the Paternity Affidavit for signing, it will be printed from the IBRS completely filled in.

FATHER SCREEN

FATHER'S CURRENT LEGAL NAME:

You will enter the first, middle and surname, (last) of the Father in that order.

There is room in each name field for 50 characters. Only letters, hyphens and apostrophes are permitted in the name fields.

SUFFIX:

The next field is for generation. Enter Jr., II, III, etc. The Suffix is selected from the drop down box to the right of the Suffix field.

DATE OF BIRTH:

Enter the date of the Father's birth. Enter the date with eight numbers, slashes and dashes are not allowed when entering the date of birth.

STATE, TERRITORY OR FOREIGN COUNTY OF BIRTH:

Begin typing the Father's Place of Birth and the Type Ahead feature, (as discussed in CHAPTER 3), will filter down to the name you are entering. When the name is highlighted TAB to the next field.

FATHER'S SSN:

Enter what is given. If there is no social security number enter a "?" and TAB to next field.

NOTE: The "?" must be entered in the very first position of the social security number field in order to be accepted. If the IBRS will not accept the "?" use the left arrow key to try to move the cursor to the first position of the field and type the "?" again. If it still will not accept the "?", enter 999-99-9999.

EDUCATION:

Click on the drop down box arrow on the right end of the Education field box and Click on the appropriate selection. If the Father completed high school, the entry would be "High School Graduate or GED Completed". See following screen shot.

The screenshot shows the 'Electronic Registrar (WebBirth2005)' application window. The 'Father' tab is selected. The 'Father's Education (Registration)' section is active. The 'Father's Current Legal Name' fields are filled with: First Name: JUSTIN, Middle Name: MICHAEL, Last Name: ARNOLD, and Suffix: (empty). The 'Father's Information' section shows the 'Education' dropdown menu open, displaying a list of options: HIGH SCHOOL GRADUATE OR GED COMPLETED (highlighted), 8TH GRADE OR LESS, 9TH - 12TH GRADE, NO DIPLOMA, HIGH SCHOOL GRADUATE OR GED COMPLETED (highlighted), SOME COLLEGE CREDIT, BUT NOT A DEGREE, ASSOCIATE DEGREE (AA, AS), BACHELOR'S DEGREE (BA, AB, BS), MASTER'S DEGREE (MA, MS, MENG, MED, MSW, MBA), DOCTORATE (PHD, EDD), PROFESSIONAL (MD, DDS, DVM, LLB, JD), and UNKNOWN. The 'Occupation' field is empty.

OCCUPATION

Enter the Father's occupation. This would be the kind of work he does. Teacher, carpenter, plumber, police officer or student are examples of appropriate entries for this field. Do not enter the name of a company. This field must be completed. If the Occupation is unknown, then type UNKNOWN in the field.

INDUSTRY:

Enter the Industry in which the Father worked. This would be either the name of the company, such as "Big O Tires" or the type of work done such as glass manufacturing, or construction. This field must be filled in. If the Industry is unknown, then type UNKNOWN in the field.

FATHER OF HISPANIC ORIGIN? (CHECK ONLY ONE):

TAB to the appropriate answer and either click on the check box or hit the space bar to select the answer. If "Yes, other Spanish/Hispanic/Latino", is selected, you will be required to enter the type in the box labeled (Specify).

Selecting an answer for this question grays out the rest of the screen and TABBING causes the screen to change to the RACE field. See following screen shot.

The screenshot displays the 'Electronic Registrar (WebBirth2005)' application window for BALL MEMORIAL HOSPITAL - KFRDGG - [Registration]. The 'Father' tab is selected, showing the 'Father's Information' section. The 'Father's Current Legal Name' fields are filled with: First Name: JUSTIN, Middle Name: MICHAEL, Last Name: ARNOLD, and Suffix: (empty). The 'Father's Information' fields include: Date of Birth: 11/27/1981, Age: 28, State, Territory, or Foreign Country of Birth: INDIANA, and Father's SSN: 310-98-3194. The 'Father of Hispanic Origin? (Check only one)' section has the following options: ☒ 00. No, not Spanish/Hispanic/Latino, ☐ 01. Yes, Mexican, Mexican American, Chicano, ☐ 02. Yes, Puerto Rican, ☐ 03. Yes, Cuban, ☐ 04. Yes, other Spanish/Hispanic/Latino (Specify), and ☐ 99. Unknown if Spanish/Hispanic/Latino. The 'Specify' box is empty. The 'Father Of Hispanic Origin?' and 'Father's Race' buttons are at the bottom. The status bar at the bottom shows 'Records In Queue: 5', 'Valid-Resolved', 'Updating Record', 'CAPS | NUM | INS', and the date '7/13/2010'.

FATHER'S RACE:

Check one or more Race selection(s) to indicate what the father considers himself to be. TAB through the entire list of races and either hit the space bar when the appropriate selection is highlighted or click on the check box. More than one may be selected. If the Father is American Indian, then the box "Name of the enrolled or principal tribe" will be activated and you must fill it in with either the name of the tribe or tribes or Unknown.

If the Father is from India or says he is Asian Indian, select Asian Indian.

Selecting Other Asian, Other Pacific Islander or Other requires data entry of the other race or the word Unknown. (See following screen.)

The screenshot displays the 'Electronic Registrar (WebBirth2005)' application window. The title bar indicates the user is logged in as 'KFR0GGE' and is in the 'Registration' module. The menu bar includes 'Functions', 'Registration', 'Files', 'Edit', 'Reports', 'Queues', 'Utilities', 'Library', 'Maintenance', 'Window', and 'Help'. The toolbar contains various icons for file operations and navigation. The main form area is divided into tabs: 'General', 'Mother 1', 'Mother 2', 'Father', 'Medical 1', 'Medical 2', and 'Certifier'. The 'Father' tab is active, showing the 'Father's Education (Registration)' section. This section includes fields for 'First Name' (JUSTIN), 'Middle Name' (MICHAEL), 'Last Name' (ARNOLD), and 'Suffix'. Below these is the 'Father's Information' section, which contains a 'Date of Birth' field (11/27/1981), an 'Age' field (28), a 'State, Territory, or Foreign Country of Birth' dropdown menu (INDIANA), and a 'Father's SSN' field (310-98-3194). To the right of the 'Father's Information' section is the 'Father's Race' section, which includes a 'Father's Current Legal Name' field (HIGH SCHOOL GRADUATE OR GED COMPLETED), an 'Occupation' field (METER READER), and a 'Type of Business(Industry)' field (CONTRACT CALLER'S INC.). The 'Father's Race' section also includes a list of race options with checkboxes: 01. White (checked), 02. Black or African American, 03. American Indian or Alaska Native, 04. Asian Indian, 05. Chinese, 06. Filipino, 07. Japanese, 08. Korean, 09. Vietnamese, 10. Other Asian (Specify), 11. Native Hawaiian, 12. Guamanian or Chamorro, 13. Samoan, 14. Other Pacific Islander (Specify), 15. Other (Specify), and 99. Unknown. At the bottom of the form, there are buttons for 'Father Of Hispanic Origin?' and 'Father's Race'. The status bar at the bottom shows 'Records In Queue: 5', 'Father's Education', 'Valid-Resolved', 'Updating Record', and a date/time stamp of '7/13/2010 3:01 PM'.

Remember to SAVE often. Click on REGISTRATION, and click on SAVE, or click on the Save icon.

MEDICAL 1 SCREEN

Electronic Registrar (WebBirth2005), BALL MEMORIAL HOSPITAL - KFROGGE - [Registration]

Functions Registration Files Edit Reports Queues Utilities Library Maintenance Window Help

MMR: 402221 ALL UNRESOLVED ARNOLD AUBRIEL(C), 7/8/2010, SINGLE

General Mother 1 Mother 2 Father **Medical 1** Medical 2 Certifier

Help For This Field Is Not Available.

Prenatal Care

Prenatal Care? YES

Date of First Visit: 12/07/2009

Date of Last Visit: 07/08/2010

Source of Prenatal Care

Total Number of Prenatal Visits For This Pregnancy: 10

Date Last Normal Menses Began: 10/07/2009

Pregnancy History

Live Births Now Living: 2 Date of Last Live Birth: 10/2007

Live Births Now Dead: 0

Number of Other Pregnancy Outcomes: 0 Date of Last Other Pregnancy Outcome: / /

Risk Factors In This Pregnancy (Check all that apply)

☒ 00. None

Diabetes

☐ 01. Prepregnancy (diagnosis prior to this pregnancy)

☐ 02. Gestational (diagnosis in this pregnancy)

Hypertension

☐ 03. Prepregnancy (chronic)

☐ 04. Gestational (PIH, preeclampsia)

☐ 05. Eclampsia

☐ 06. Previous preterm birth

☐ 07. Other previous poor pregnancy outcome (includes perinatal death, small-for-gestational age/intrauterine growth restricted birth)

☐ 08. Pregnancy resulted from infertility treatment

☐ 09. Fertility-enhancing drugs, artificial insemination or intrauterine insemination

☐ 10. Assisted reproductive technology

☐ 11. Mother had a previous cesarean delivery

If "YES", how many?

☐ 12. Antiretrovirals administered during pregnancy or at delivery

☐ 13. Group B Strep

☐ 99. Unknown

Records In Queue: 5 Mother's Prenatal Care Valid-Resolved Updating Record CAPS NUM INS 7/13/2010

Start Inbox - Micro... GENERAL IN... JULY 1 2010... Login to MyH... Electronic Re... Electronic R... 3:03 PM

PRENATAL CARE?

Answer "YES", "NO" or "UNKNOWN". If answered as "NO" the fields for the dates of the First and Last Prenatal Visits will be disabled and will turn gray

DATE OF FIRST VISIT

If the "Prenatal Care?" question was answered as "YES"; enter this as eight numbers with no slashes or dashes. If the date is unknown, enter a "?".

DATE OF LAST VISIT

If the "Prenatal Care?" question was answered as "YES;" then enter this as eight numbers with no slashes or dashes. If the date is unknown, enter a "?".

NOTE: The "?" must be entered in the very first position of the date field for the 'Date of First Visit' and 'Date of Last Visit' field in order to be accepted. If the IBRS will not accept the "?" use the left arrow key to try to move the cursor to the first position of the field and type the "?" again. If it still will not accept the "?", enter 99/99/9999.

SOURCE OF PRENATAL CARE

Check one or more selection(s) to indicate who provided the Mother with Prenatal Care. TAB through the entire list of providers and either hit the space bar when the appropriate selection is highlighted or click on the check box. Select "UNKNOWN" if the informant does not know the source of Prenatal Care. More than one source may be selected.

TOTAL NUMBER OF PRENATAL VISITS FOR THIS PREGNANCY:

Enter the number of visits. If "Prenatal Care?" is NO, this field will turn gray and nothing may be entered.

DATE LAST NORMAL MENSES BEGAN:

Enter the date of the last menstrual period as eight numbers with no slashes or dashes. If the date is not known, enter a question mark. If the exact date is unknown, then enter the exact month and enter "15" for the day. Enter the exact year.

NUMBER OF PREVIOUS BIRTHS NOW LIVING:

Enter the number of previous live births to this mother (excluding this birth), that are still alive. Do not include the First Born in a multiple birth if completing this worksheet for that child.

DATE OF LAST LIVE BIRTH:

Enter the number of the month and the year when this mother delivered her last live birth. In the case of multiple births, this could be the same month and year as this birth if the record is for any but the First Born.

LIVE BIRTHS NOW DEAD:

Enter the number of previous live births to this mother (excluding this birth) that have died.

NUMBER OF OTHER PREGNANCY OUTCOMES:

Enter the total number of terminations, miscarriages or fetal deaths regardless of the length of the pregnancy involved.

DATE OF LAST OTHER PREGNANCY OUTCOME:

Enter the month and year of the last termination, miscarriage or fetal death regardless of the length of the pregnancy involved.

RISK FACTORS IN THIS PREGNANCY

TAB through the entire list of risk factors and either hit the space bar when the appropriate selection is highlighted or click on the check box. More than one may be selected. If NONE, select NONE and the other options will be disabled and will turn gray. TABBING through the entire list moves the screen to the next field. (See following screen shot.)

The screenshot shows a medical form with tabs at the top: General, Mother 1, Mother 2, Father, Medical 1 (selected), Medical 2, and Certifier. Below the tabs is a message: "Help For This Field Is Not Available." The form is divided into two main sections: "Prenatal Care" and "Risk Factors In This Pregnancy (Check all that apply)".

Prenatal Care

Prenatal Care? ☒ YES

Date of First Visit: 12/07/2009

Date of Last Visit: 07/08/2010

Total Number of Prenatal Visits For This Pregnancy: 10

Date Last Normal Menses Began: 10/07/2009

Pregnancy History

Live Births Now Living: 2

Live Births Now Dead: 0

Number of Other Pregnancy Outcomes: 0

Date of Last Live Birth: 10/2007

Date of Last Other Pregnancy Outcome: /

Risk Factors In This Pregnancy (Check all that apply)

☒ 00. None

Diabetes

☐ 01. Prepregnancy (diagnosis prior to this pregnancy)

☐ 02. Gestational (diagnosis in this pregnancy)

Hypertension

☐ 03. Prepregnancy (chronic)

☐ 04. Gestational (PIH, preeclampsia)

☐ 05. Eclampsia

☐ 06. Previous preterm birth

☐ 07. Other previous poor pregnancy outcome (includes perinatal death, small-for-gestational age/intrauterine growth restricted birth)

☐ 08. Pregnancy resulted from infertility treatment

☐ 09. Fertility-enhancing drugs, artificial insemination or intrauterine insemination

☐ 10. Assisted reproductive technology

☐ 11. Mother had a previous cesarean delivery

If "YES", how many?

☐ 12. Antiretrovirals administered during pregnancy or at delivery

☐ 13. Group B Strep

☐ 99. Unknown

Buttons:

Risk Factors In This Pregnancy (highlighted)

Infections

Infections/Obstetric Procedures

Onset of Labor

INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY

TAB through the entire list of infections and either hit the space bar when the appropriate selection is highlighted or click on the check box. More than one may be selected. If NONE, select NONE and the other options will be disabled and change to gray. TABBING through the entire list moves the screen to the next field. (See following screen shot.)

General Mother 1 Mother 2 Father Medical 1 Medical 2 Certifier

Help For This Field Is Not Available.

Prenatal Care

Prenatal Care? YES

Date of First Visit: 12/07/2009

Date of Last Visit: 07/08/2010

Source of Prenatal Care

Total Number of Prenatal Visits For This Pregnancy: 10

Date Last Normal Menses Began: 10/07/2009

Infections Present and/or Treated During this Pregnancy (Check All That Apply)

☒ 00. None

☐ 01. Gonorrhea

☐ 02. Syphilis

☐ 03. Chlamydia

☐ 04. Hepatitis B

☐ 05. Hepatitis C

☐ 99. Unknown

WAS A STANDARD LICENSED DIAGNOSTIC TEST FOR HIV PERFORMED FOR THE MOTHER?

TAB from box to box and either hit the space bar when the appropriate selection is highlighted or click on the check box. If you select "YES", you must enter the date the test was performed by entering 8 numbers with no slashes or dashes. If "NO" is selected, then the reason why the test was not performed must be entered. Click on the appropriate box or click on "OTHER" and enter the reason. If unknown, select "UNKNOWN". See following screen shot.

General Mother 1 Mother 2 Father Medical 1 Medical 2 Certifier

Help For This Field Is Not Available.

Prenatal Care

Prenatal Care? YES

Date of First Visit: 12/07/2009

Date of Last Visit: 07/08/2010

Source of Prenatal Care

Total Number of Prenatal Visits For This Pregnancy: 10

Date Last Normal Menses Began: 10/07/2009

Infections Present and/or Treated During this Pregnancy (Check All That Apply)

☒ 00. None

☐ 01. Gonorrhea

☐ 02. Syphilis

☐ 03. Chlamydia

☐ 04. Hepatitis B

☐ 05. Hepatitis C

☐ 99. Unknown

HIV Test

Was a Standard Licensed Diagnostic test for HIV performed for the Mother? NO

Test Given During Pregnancy or At Delivery? NO

If Test Given, Specify Date: 10/07/2009

If Test NOT Given, Specify Reason: MOTHER REFUSAL

Other Reason: (Specify)

OBSTETRIC PROCEDURES (Check all that apply)

TAB through the entire list of procedures and either hit the space bar when the appropriate selection is highlighted or click on the check box. More than one may be selected. If NONE is selected, the remaining options will be disabled and will turn gray. TABBING through the entire list moves the screen to the next field. See following screen shot.

The screenshot shows the 'Electronic Registrar (WebBirth2005), BALL MEMORIAL HOSPITAL - KFROGGE - [Registration]' window. The 'Medical 1' tab is selected. The 'Obstetric Procedures (Check all that apply)' section is active, showing a list of procedures with checkboxes: 00. None (checked), 01. Cervical cerclage, 02. Toccolysis, 03. Successful, 04. Failed, and 99. Obstetric Procedures Unknown. The 'Prenatal Care' section shows 'Prenatal Care?' as 'YES', 'Date of First Visit' as '12/07/2009', and 'Date of Last Visit' as '07/08/2010'. The 'Source of Prenatal Care' field is empty.

INFECTIONS

Answer either "YES" or "NO" to the question about precautions being taken against ophthalmia neonatorum.

If the Answer is "YES", include the name of the medication that was used. See following screen shot.

The screenshot shows the 'Infections' section of the 'Electronic Registrar (WebBirth2005)' interface. The 'Date Last Normal Menses Began' is '10/07/2009'. The 'Pregnancy History' section shows 'Live Births Now Living' as '2', 'Date of Last Live Birth' as '10/2007', 'Live Births Now Dead' as '0', 'Number of Other Pregnancy Outcomes' as '0', and 'Date of Last Other Pregnancy Outcome' as '1/2007'. The 'Infections' section shows 'Were Precautions Taken Against Ophthalmia Neonatorum?' as 'YES', 'If Yes, Specify the Medication Used' as 'ERYTHROMYCIN', 'Was a Standard Licensed Diagnostic test for Syphilis performed for the Mother?' as 'YES', 'Test Given During Pregnancy or At Delivery?' as 'DURING PREGNANT', 'If Test Given, Specify Date' as '12/07/2009', 'If Test NOT Given, Specify Reason' as 'Other Reason: (Specify)', and 'Other Reason: (Specify)' as 'Other Reason: (Specify)'. The 'Risk Factors In This Pregnancy' section shows 'Infections/Obstetric Procedures' as 'Infections/Obstetric Procedures' and 'Onset of Labor' as 'Onset of Labor'.

WAS A STANDARD TEST FOR SYPHILIS DONE?:

If "YES" is answered, provide the date of the test by entering eight numbers without slashes or dashes. If the answer is "NO", then a reason must be checked, if the test was done, answer the question about when it was done, During Pregnancy, or at the Time of Delivery. Select the appropriate option by starting to type "During" or "Time" and the option will fill in the field and then just TAB, or click on the drop down arrow and highlight the answer and TAB.

See previous screen shot.

Electronic Registrar (WebBirth2005), BALL MEMORIAL HOSPITAL - KFROGGE - [Registration]

Functions Registration Files Edit Reports Queues Utilities Library Maintenance Window Help

MMR: 402221 ALL UNRESOLVED ARNOLD AUBRIEL(C), 7/8/2010, SINGLE

General Mother 1 Mother 2 Father Medical 1 Medical 2 Certifier

Help For This Field Is Not Available.

Prenatal Care

Prenatal Care? YES

Date of First Visit: 12/07/2009

Date of Last Visit: 07/08/2010

Total Number of Prenatal Visits For This Pregnancy: 10

Date Last Normal Menses Began: 10/07/2009

Pregnancy History

Live Births Now Living: 2

Live Births Now Dead: 0

Number of Other Pregnancy Outcomes: 0

Date of Last Live Birth: 10/2007

Date of Last Other Pregnancy Outcome: / /

Onset of Labor (Check all that apply)

☒ 00. None

☐ 01. Premature Rupture of the Membranes (prolonged >= 12 Hours)

☐ 02. Precipitous Labor (< 3 Hours)

☐ 03. Prolonged Labor (>= 20 Hours)

☐ 99. Unknown

Risk Factors In This Pregnancy Infections

Infections/Obstetric Procedures Onset of Labor

ONSET OF LABOR

TAB through the entire list of conditions of labor and either hit the space bar when the appropriate selection is highlighted or click on the check box. More than one may be selected. If NONE is checked, the other options will be disabled and will turn gray. TABBING through the entire list will move the screen to the next field. See screen shot above.

MEDICAL 2 SCREEN

Electronic Registrar (WebBirth2005), BALL MEMORIAL HOSPITAL - KFROGGE - [Registration]

Functions Registration Files Edit Reports Queues Utilities Library Maintenance Window Help

MMR: 402221 ALL UNRESOLVED ARNOLD AUBRIEL(C), 7/8/2010, SINGLE

General Mother 1 Mother 2 Father Medical 1 **Medical 2** Certifier

Help For This Field Is Not Available.

Characteristics of L&D Method of Delivery Maternal Morbidity

Child's Health Information

Birth Weight -

Grams: 3430 Obstetric Estimate of Gestation (Weeks): 39

Pounds: 07.09 Calculated Gestation (Weeks): 39

Ozs:

Apgar Score -

at 5 minutes: 9 at 10 minutes: NOT TAKEN

Abnormal Conditions of the Newborn Congenital Anomalies

Was Infant Transferred within 24 hours of Delivery? NO

Specify Facility:

Is Infant Living at Time of Report? YES

Is Infant Being Breastfed at Discharge? NO

Hepatitis B Immunization given: YES Date Given: 07/08/2010

Characteristics of Labor & Delivery (Check All That Apply)

- ☐ 00. None
- ☐ 01. Induction of labor
- ☐ 02. Augmentation of labor
- ☐ 03. Non-vertex presentation
- ☐ 04. Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery
- ☐ 05. Antibiotics received by the mother during labor
- ☐ 06. Chorioamnionitis or maternal temperature >= 38 degrees C or 100.4 degrees F
- ☐ 07. Moderate/heavy meconium staining of the amniotic fluid
- ☐ 08. Fetal intolerance of labor was such that one or more of the following actions was taken: in-utero resuscitative measures, further fetal assessment, or operative delivery
- ☒ 09. Epidural or spinal anesthesia during labor
- ☐ 10. Abruption Placenta
- ☐ 99. Unknown

CHARACTERISTICS OF LABOR AND DELIVERY

Check all that apply by TABBING through the list and either clicking on the appropriate box or striking the space bar when the appropriate selection is highlighted. If there were none then select "NONE".

Electronic Registrar (WebBirth2005), BALL MEMORIAL HOSPITAL - KFRÖGGE - [Registration]

Functions Registration Files Edit Reports Queues Utilities Library Maintenance Window Help

MMR: 402221 ALL UNRESOLVED ARNOLD AUBRIEL(C), 7/8/2010, SINGLE

General Mother 1 Mother 2 Father Medical 1 **Medical 2** Certifier

Characteristics of L&D Method of Delivery Maternal Morbidity

Child's Health Information

Birth Weight - Obstetric Estimate of Gestation (Weeks): 39
 Grams: 3430 Calculated Gestation (Weeks): 39
 Pounds: 07.09
 Ozs: **Apgar Score -**
 at 5 minutes: 9 at 10 minutes: NOT TAKEN

Method of Delivery:

A. Was delivery with forceps attempted but unsuccessful? NO
 B. Was delivery with vacuum extraction attempted but unsuccessful? NO
 C. Fetal presentation at birth: CEPHALIC
 Other:
 D. Final route and method of delivery: VAGINAL SPONTANEOUS
 If cesarean, was a trial of labor attempted?

Abnormal Conditions of the Newborn Congenital Anomalies

Was Infant Transferred within 24 hours of Delivery? NO
 Specify Facility:
 Is Infant Living at Time of Report? YES
 Is Infant Being Breastfed at Discharge? NO
 Hepatitis B Immunization given: YES Date Given: 07/08/2010

Records in Queue: 9 Field Name Field Status Updating Record CAPS NUM INS 7/14/2010

METHOD OF DELIVERY

Unless you are doing the data entry for a birth that occurred in a Non Participating Facility the answers to Parts A and B will most likely be NO

This is a multiple part question.

Part A asks "Was delivery with forceps attempted but unsuccessful? This should be answered "YES" if the attendant tried to use forceps to deliver the baby and had to use vacuum extraction. If the attendant used forceps and was able to deliver the child by using the forceps, this should be answered as "NO". If the attendant did not use forceps, this should be answered as "NO".

Part B asks "Was delivery with vacuum extraction attempted but unsuccessful? This should be answered "YES" if the attendant tried to use vacuum extraction to deliver the baby but had to resort to using forceps before she could deliver the child. If the attendant used vacuum extraction and was able to deliver the infant using vacuum extraction, the answer would be "NO". If the attendant did not attempt to use vacuum extraction, the answer would be "NO".

Parts C and D have options for selection in the drop down boxes. Highlight the appropriate option and TAB to select it. See the previous and the two following screen shots.

Ozs:

Congenital Anomalies ☐

C. Fetal presentation at birth:

Other:

D. Final route and method of delivery:

If cesarean, was a trial of labor attempted?

E. Hysterotomy/Hysterectomy:

Records In Queue: 27 | Method Of Delivery - Fetal Presentation at Birth - Fetal Death | Blank-Unresolved | Updating Record | CAPS | NUM | INS | 9/17/2010

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Congenital Anomalies ☐

D. Final route and method of delivery:

If cesarean, was a trial of labor attempted?

E. Hysterotomy/Hysterectomy:

Records In Queue: 27 | Method Of Delivery - Final Route and Method of Delivery - Fetal Death | Blank-Unresolved | Updating Record | CAPS | NUM | INS | 9/17/2010

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MATERNAL MORBIDITY

This is a list of serious complications that might have been experienced by the mother associated with her labor and delivery.

TAB through the entire list in this field and either hit the space bar when the appropriate selection is highlighted or click on the check box. More than one may be selected.

If NONE is checked, the other options will be disabled and turn to gray. TABBING through the entire list will move the screen to the next field. See following screen shot.

CHILD'S HEALTH INFORMATION BIRTH WEIGHT

This may be entered as either GRAMS or POUNDS and OUNCES. Enter using 4 numbers with leading zeros if necessary. Entering in the Grams field disables and turns gray the Pound and Ounces field. TABBING through the Grams field will allow the Pounds and Ounces field to be filled and disables and changes to gray the grams field at the same time the equivalent gram weight is entered into the Grams field.

Examples:

Enter 6 pounds 9 ounces as 0609

Enter 954 grams as 0954

See previous screen shot

OBSTETRIC ESTIMATE OF GESTATION AT DELIVERY

The IBRS program calculates the gestation by comparing the date of last normal menses reported with the infant's date of birth, but also allows the estimated gestation to be entered whether or not the two numbers agree. See previous screen shot.

APGAR SCORE

Score at Five minutes. Either type the number in the box or click on the drop down arrow and click on the appropriate number. If the score was not taken, click on "NOT TAKEN". If it is Unknown click on "UNKNOWN".

If the 5 minute score was SIX or greater, then the Field for the 10 minute score will be disabled and will turn gray, and will not allow data entry.

If the 5 minute score was LESS than 6, then the 10 minute score field must be filled in with a number, or click on "NOT TAKEN" or "UNKNOWN". See following screen shot.

The screenshot shows the 'Electronic Registrar (WebBirth2005)' interface for BLOOMINGTON HOSPITAL OF ORANGE COUNTY, INC. - KFROGGE - [Registration]. The 'Medical 2' tab is selected. The 'APGAR Score' field is highlighted, showing a dropdown menu with options: 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, NOT TAKEN, and UNKNOWN. The '10' option is currently selected. Other fields visible include 'Birth Weight' (4005 grams, 08.13 pounds, 08.13 ounces), 'Obstetric Estimate of Gestation (Weeks)' (37), 'Calculated Gestation (Weeks)' (37), 'Was Infant Transferred within 24 hours?' (NO), 'Specify Facility' (blank), 'Is Infant Living at Time of Discharge?' (YES), 'Is Infant Being Breastfed?' (YES), 'Hepatitis B Immunization given?' (YES), and 'Date Given' (07/06/2010). The 'Characteristics of Labor & Delivery' section on the right lists various conditions with checkboxes, including '00. None', '01. Induction of labor', '02. Augmentation of labor', '03. Non-vertex presentation', '04. Steroids (glucocorticoids) for fetal lung maturation', '05. Antibiotics received by the mother during labor', '06. Chorioamnionitis or maternal temperature >= 38 degrees C or 100.4 degrees F', '07. Moderate/heavy meconium staining of the amniotic fluid', '08. Fetal intolerance of labor was such that one or more of the following actions was taken: in-utero resuscitative measures, further fetal assessment, or operative delivery', '09. Epidural or spinal anesthesia during labor', '10. Abruptio Placenta', and '99. Unknown'.

ABNORMAL CONDITIONS OF THE NEWBORN

TAB from box to box and either hit the space bar when the appropriate selection is highlighted or click on the check box. If you select "NONE", the other options will turn gray and the screen will move to the next field.

Electronic Registrar (WebBirth2005), BLOOMINGTON HOSPITAL OF ORANGE COUNTY, INC. - KFDGGE - [Registration]

Functions Registration Files Edit Reports Queues Utilities Library Maintenance Window Help

MMR: 0204845 ALL UNRESOLVED BRYANT RELVE(C), 7/6/2010, FIRST

General Mother 1 Mother 2 Father Medical 1 **Medical 2** Certifier

Help For This Field Is Not Available.

Characteristics of L&D Method of Delivery Maternal Morbidity

Child's Health Information

Birth Weight: Obstetric Estimate of Gestation (Weeks): 37
 Grams: 4005 Calculated Gestation (Weeks): 37
 Pounds, 08:13
 Ozs: 08:13

Apgar Score:
 at 5 minutes: 9 at 10 minutes: NOT TAKEN

Abnormal Conditions of the Newborn
 (Check All That Apply)

☒ 00. None
☐ 01. Assisted ventilation required immediately following delivery
☐ 02. Assisted ventilation required for more than six hours
☐ 03. NICU admission
☐ 04. Newborn given surfactant replacement therapy
☐ 05. Antibiotics received by the newborn for suspected neonatal sepsis
☐ 06. Seizure or serious neurologic dysfunction.
☐ 07. Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention)
☐ 99. Unknown

Abnormal Conditions of the Newborn **Congenital Anomalies**

Was Infant Transferred within 24 hours of Delivery? NO

Specify Facility:

Is Infant Living at Time of Report? YES

Is Infant Being Breastfed at Discharge? YES

CONGENITAL ANOMALIES OF THE CHILD:

TAB through entire list, and select those that apply by either clicking on the check box or hitting the space bar when the condition is highlighted. Enter all that apply. Do not include birth injuries. Information not on the list may be entered in the “other” field. Each major body system has a section to be completed. If Unknown, select the UNKNOWN option. See following screen shot.

Electronic Registrar (WebBirth2005), BLOOMINGTON HOSPITAL OF ORANGE COUNTY, INC. - KFROGGE - [Registration]

Functions Registration Files Edit Reports Queues Utilities Library Maintenance Window Help

MMR: 0204845 ALL UNRESOLVED BRYANT RELVE(C), 7/6/2010, FIRST

General Mother 1 Mother 2 Father Medical 1 **Medical 2** Certifier

Help For This Field Is Not Available.

Characteristics of L&D Method of Delivery Maternal Morbidity

Child's Health Information

Birth Weight -

Grams: 4005 Obstetric Estimate of Gestation (Weeks): 37

Pounds, 08.13 Calculated Gestation (Weeks): 37

Oz: Apgar Score -

at 5 minutes: 9 at 10 minutes: NOT TAKEN

Abnormal Conditions of the Newborn Congenital Anomalies

Was Infant Transferred within 24 hours of Delivery? NO

Specify Facility:

Is Infant Living at Time of Report? YES

Is Infant Being Breastfed at Discharge? YES

Hepatitis B Immunization given: YES Date Given: 07/06/2010

Congenital Anomalies of the Newborn (Check All That Apply)

☒ 00. None

☐ 01. Anencephaly

☐ 02. Meningomyelocele/Spina bifida

☐ 03. Cyanotic congenital heart disease

☐ 04. Congenital diaphragmatic hernia

☐ 05. Omphalocele

☐ 06. Gastroschisis

☐ 07. Limb reduction defect (excluding congenital amputation and dwarfing syndromes)

☐ 08. Cleft lip with or without Cleft palate

☐ 09. Cleft palate alone

☐ 10. Down syndrome

Karyotype:

☐ 11. Suspected chromosomal disorder

Karyotype:

☐ 12. Hypospadias

☐ 13. Microcephaly

☐ 99. Unknown

Records In Queue: 6 Congenital Anom - None Valid-Resolved Updating Record CAPS NUM INS 7/14/2010

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WAS INFANT TRANSFERRED WITHIN 24 HOURS OF DELIVERY?

Enter “No” if the baby was not transferred to a facility. Enter “Yes” if the baby was transferred to a hospital or birthing center after being delivered at home or any other location other than a hospital or birthing center. If the baby was transferred, enter the name of the facility.

To enter the facility the infant was transferred TO, begin typing the name. The list of facilities will display and filter down to the appropriate facility. When the facility name is highlighted, select it by **TABBING**.

If the name of the facility the infant was transferred TO is not in the list, then scroll to the end of the list and click on (Add New). See following screen shot.

Was Infant Transferred within 24 hours of Delivery? YES

Specify Facility:

- WASHINGTON COUNTY MEMORIAL HOSPITAL
- WELBORN MEMORIAL BAPTIST HOSPITAL
- WHITE COUNTY MEMORIAL
- WILLIAM WISHARD MEMORIAL HOSPITAL
- WISCONSIN OUT OF STATE HOSPITAL
- WITHAM HEALTHCARE
- WOMEN'S HOSPITAL
- WOODLAWN HOSPITAL
- (Add New)

Records In Queue: 6 Baby Transfer Location Blank

Start Inbox - Micr... Login to My... GENERAL IN... CHAP

The screen for adding a Facility will open. Enter the information about the facility the infant was transferred TO in the appropriate fields. The "Type" field has a drop down list of facility types to choose from. If the facility is in Indiana you must also enter the name of the county where the facility is located in the Local Health Department field. This field has a drop down list. Either start typing the name of the county and the list will display and filter down to the appropriate county or scroll down to the county name and TAB. Click on OK to save the entry. See following screen shot.

IS INFANT LIVING AT TIME OF REPORT?

Click on the drop down box and select "YES", "NO" or INFANT TRANSFERRED. If the Infant was born alive and died before the *Certificate of Live Birth* could be data entered, then answer "NO". If the infant is ALIVE when the Birth is being data entered, then answer "YES".

IS INFANT BEING BREASTFED AT DISCHARGE?

Either type "Y" for Yes and TAB to Next field or type "N" for No and TAB or click on the drop down arrow and click on the appropriate answer.

Abnormal Conditions of the Newborn Congenital Anomalies

Was Infant Transferred within 24 hours of Delivery? NO

Specify Facility:

Is Infant Living at Time of Report? YES

Is Infant Being Breastfed at Discharge? YES

Hepatitis B Immunization given: YES Date Given: 07/06/2010

08. Cleft lip with or without Cleft palate
09. Cleft palate alone
10. Down syndrome
Karyotype:
11. Suspected chromosomal disorder
Karyotype:
12. Hypospadias
13. Microcephaly
99. Unknown

Records In Queue: 6 Congenital Anom - None Valid-Resolved Updating Record CAPS NUM INS 7/14/2010

HEPATITIS B IMMUNIZATION GIVEN?

Either type "Y" for Yes and TAB to Next field or type "N" for No and TAB or click on the drop down arrow and click on the appropriate answer. If the answer is YES the cursor will move to the "Date Given" field, type the date as 8 numbers without slashes or dashes and TAB. If the answer is NO, the "Date Given" field will be disabled and will turn gray and TABBING will move to the next screen.

Was Infant Transferred within 24 hours of Delivery? NO

Specify Facility:

Is Infant Living at Time of Report? YES

Is Infant Being Breastfed at Discharge? YES

Hepatitis B Immunization given: YES Date Given: 07/06/2010

10. Down syndrome
Karyotype:
11. Suspected chromosomal disorder
Karyotype:
12. Hypospadias
13. Microcephaly
99. Unknown

Records In Queue: 6 Congenital Anom - None Valid-Resolved Updating Record CAPS NUM INS 7/14/2010

ATTENDANT

To Enter the Attendant's name either scroll down to the attendant's name or begin typing the attendant's last name and the Attendant/Certifier Table will begin to filter down to that person's name. When the correct attendant's name is highlighted, select it by TABBING to the next field. The attendant's name may also be selected by clicking on the drop down arrow on the right end of the field box and scrolling down to the appropriate name. Some midwives or Certified Nurse Midwives might attend home births on a regular basis in your County and their names could populate your Library Table.

Electronic Registrar (WebBirth2005), BALL MEMORIAL HOSPITAL - KFROGGE - [Registration]

Functions Registration Files Edit Reports Queues Utilities Library Maintenance Window Help

MMR: 402221 ALL UNRESOLVED ARNOLD AUBRIEL(C), 7/8/2010, SINGLE

General Mother 1 Mother 2 Father Medical 1 Medical 2 Certifier

Attendant (Registration)

Attendant/Certifier

Attendant: BROWN STEWART

Type: BUNCH JENNIFER

Address: CHAMBERLIN MABREY

State: CLARK GAIL

City: DARROCA ROBERTO

Zip: FARMER STEVEN

License num: GAHL GREGORY

Is Certifier the Same as Attendant? NO

Certifier:

Type:

Address:

State:

City:

Zip:

If your attendant is not listed, scroll to the end of the list to "(Add New)" and select it by clicking on it or by TABBING.

Electronic Registrar (WebBirth2005), BALL MEMORIAL HOSPITAL - KFROGGE - [Registration]

Functions Registration Files Edit Reports Queues Utilities Library Maintenance Window Help

MMR: 402221 ALL UNRESOLVED ARNOLD AUBRIEL(C), 7/8/2010, SINGLE

General Mother 1 Mother 2 Father Medical 1 Medical 2 Certifier

Attendant (Registration)

Attendant/Certifier

Attendant: ROUSSEAU STEVE

Type: RUDICEL MAX

Address: SCHREINER MELANIE

State: SIMS CAMILLE

City: SUTTON WILLIAM

Zip: VINSON ERIN

License num: VOSS PETER

Is Certifier the Same as Attendant? NO

Certifier:

Type:

Address:

State:

City:

Zip:

The screen for the Attendant/Certifier Library Table will open and allow the information about the Attendant to be added to the List of Attendant/Certifiers. Fill in all the fields based on the labels. Select **Attendant Only** as the Role of this person. Add the attendant's address, and then start typing the State where the attendant lives and the list will start to filter down to the appropriate state, when that states is highlighted, either TAB or click on the state name. Once the state is filled in the program will load the cities in that state. Start typing the name of the city where the attendant lives and the program will start to filter down to the appropriate city, select the city by TABBING or click on the city name, fill in the ZIP Code and then click on Save. See following screen shot.

Attendant/Certifier Maintenance, DUNN MEMORIAL HOSPITAL - AMHOOVER

Record Edit Window Help

Add a new record

Facility Name: DUNN MEMORIAL HOSPITAL

Attendant/Certifier

First Name: AARON

Last Name: WAGNER

Role: ATTENDANT/CERTIFIER

Type: M.D.

Other:

License:

NPI Number:

Address: 2 NORTH MERIDIAN ST.

State: INDIANA

Town: INDIANAPOLIS (MARION)

Zip Code: 46107

Display in Lists? ☒

Pin:

Save

Attendants/Certifiers 3 Records

CERTIFIERFIRSTNAME	CERTIFIERLASTNAME	CERTIFIERROLE	CERTIFIERTYPE	CERTIFIERTYPEOTHER	LICENSE	ADDRESS	TOWNNAME
AARON	WAGNER	ATTENDANT/CERTIFIER	M.D.			2 NORTH MERIDIAN ST.	INDIANAPOLIS
ANNACHRISTINE	HOOVER	ATTENDANT/CERTIFIER	M.D.			2 NORTH MERIDIAN	INDIANAPOLIS
CLAYTON	HOOVER	ATTENDANT/CERTIFIER	M.D.			2 NORTH MERIDIAN	LAWRENCEPORT

IS THE CERTIFIER THE SAME AS THE ATTENDANT

If you entered the attendant correctly this question will already be filled in as "NO" and will be disabled. See following screen shot.

ather Medical 1 Medical 2 Certifier

Is Certifier the Same as Attendant? NO YES

Certifier: NO UNKNOWN

Type:

CERTIFIER

For any *Certificate of Live Birth* that is entered into the IBRS at the Local Health Department, (LHD), the Certifier is an LHD staff person. Start typing the last name and the Attendant/Certifier Table will begin to filter down to that person's name. When the correct attendant's name is highlighted, select it by TABBING to the next field. The certifier's name may also be selected by clicking on the drop down arrow on the right end of the field box and scrolling down to the appropriate name.

If the Certifier's name is not included in the list, scroll all the way to the end of the list and click on (Add New), and add the Certifier's information as instructed above for adding the Attendant's information. See previous screen shots.

DATE CERTIFIED

This field is completed by the program when the Electronic Certification process is performed.

PRINCIPAL SOURCE OF PAYMENT FOR THIS DELIVERY

Click on the drop down arrow to the right of the field and select the appropriate answer by clicking on it or by using the down arrow key to scroll down to the appropriate answer and then

TABBING. If Other is selected, TABBING will move to the "Other (Specify)" field and the information about the other source of payment is to be entered. See following screen shot.

INFANT'S MEDICAL RECORD NUMBER

Enter the infant's medical number. If you are doing the data entry of this birth record for a Non Participating Facility, enter the number given on the work sheet. If the hospital does not assign medical record numbers to newborn infants, or you are doing the data entry for a Foundling or a Home Birth just enter a string of X's and then TAB. See following screen shot.

NBS REQUISITION

This is the Newborn Screening Number from the kit used for the Heel Stick test. This must be entered as Alpha/Numeric or if the Test was not given, then TAB through the field. If there was no test given and the reason it was not given was Religious objections, check the Religious Waiver box by clicking on the box or by striking the Space Bar when the box is highlighted. See previous screen shot.

WAS THE MOTHER TRANSFERRED TO THIS FACILITY FOR MATERNAL MEDICAL OR FETAL INDICATIONS FOR DELIVERY?

This will be entered as "NO" for any birth that an LHD staff person enters into the IBRS.

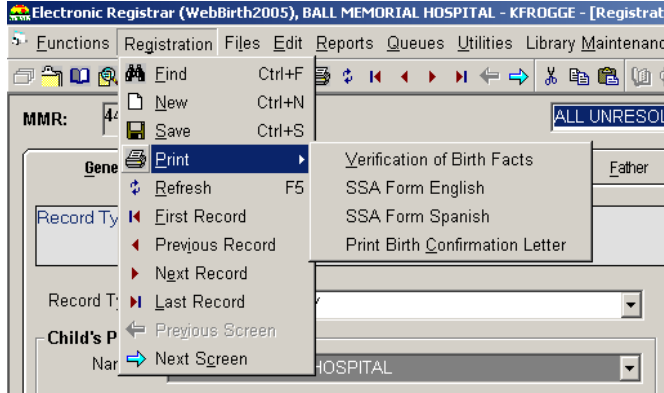
If the answer is NO, the "Specify Facility" field is disabled and will turn gray.

DATA ENTRY OF THE *CERTIFICATE OF LIVE BIRTH* IS NOW COMPLETED
And the program returns to the first screen, (the General screen).
SAVE the record. Click on the Save icon or Click on Registration, then click on Save.
When the "Saved successfully" message appears, click on OK

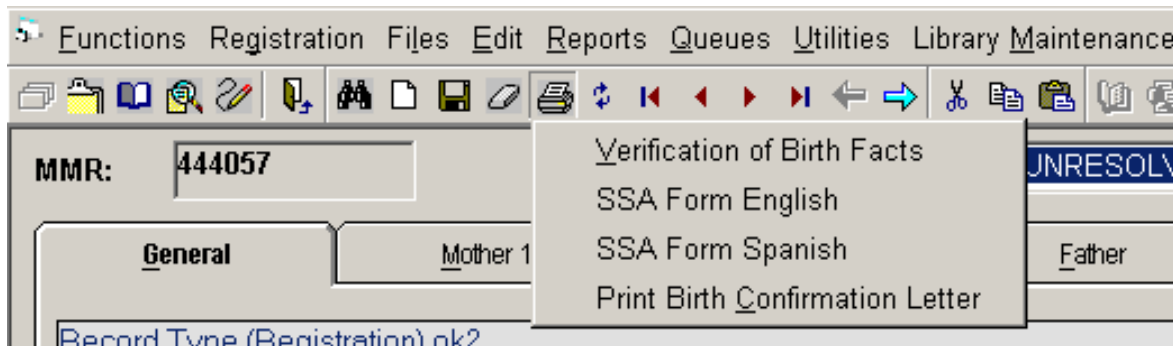


PRINT VERIFICATION OF BIRTH FACTS

Click on Registration on the Menu bar, and then click on print which will display the reports that are available to print for this *Certificate of Live Birth* that is on the screen. Click on *Verification of Birth Facts*.



Or click on Print on the Tool Bar, Click on *Verification of Birth Facts* and the form will appear on the screen for previewing before printing. See following two screen shots.



Preview (VERIFICATION OF BIRTH FACTS), BALL MEMORIAL HOSPITAL - KFRGGE

Print

BALL MEMORIAL HOSPITAL
VERIFICATION OF BIRTH FACTS

Mother's Medical Record #: 444057 Infant's Medical Record #: 444057

This is to verify the facts of birth that appear on the Indiana Certificate of Live Birth for:

AMBURGEY, LEAH DANIELLE born 7/13/2010 01:50 PM
Child's Name: Last, First, Middle, Generation Suffix Date/Time of Birth

Sex: FEMALE Plurality: SINGLE Birth Order: SINGLE

MOTHER'S INFORMATION

Full Last Name (Last First Middle Generation Suffix): AMBURGEY, DANIEL LEAH DANIELLE

To Print, Click on Print, Then Click on Print again. The form will print. Show it to the Parent(s) for approval to be sure that everything was entered correctly. Have them sign it.

Preview (VERIFICATION OF BIRTH FACTS), NEW EDEN CARE CENTER - KEROGGE

Print

General

Select Printer:

- Add Printer
- HP LaserJet 4050 Series PCL6
- ISDH-EPH-HPL34050TN on dotprnp02vw
- ISDH-VRMAIN-HP551 on dotprnp02vw
- Microsoft Office Document Imag

Status: Ready Location: ISDH-2NM-LL Comment: HPLJ 4050TN

Print to file: ☐ Preferences Find Printers

Page Range:

- All
- Selection
- Current Page
- Pages:

Number of copies: 1

Print Cancel

Medical Record #:

Child's Name:

born:

Date/Time of Birth:

Birth Order:

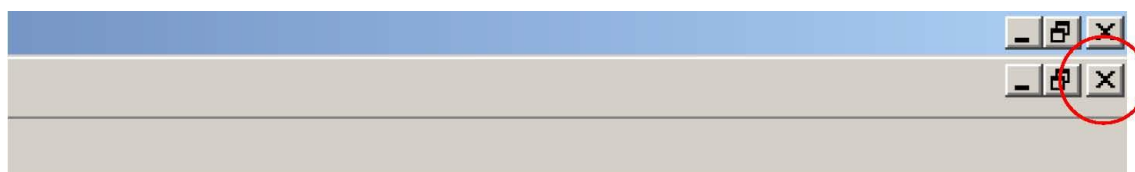
Sex:

Plurality:

Place of Birth:

Country of Residence:

Close the form by Clicking on the tiny X in the upper right hand corner of the screen.



If the parents want changes made to the record or they spot errors, then go back into the record and make the changes. Save the record again and print the form again for approval.

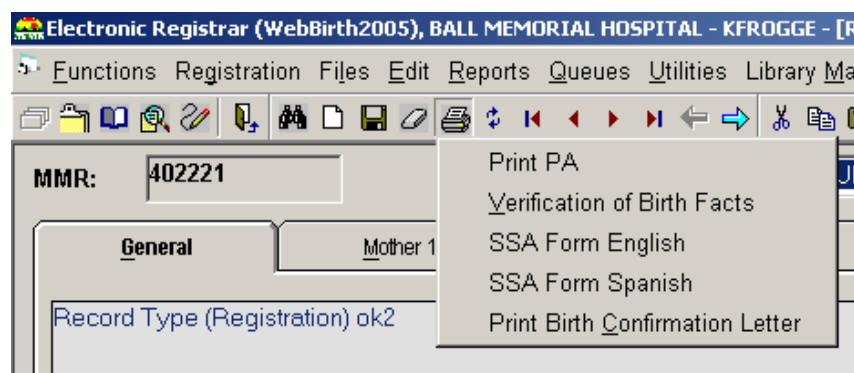
Have the parents sign the Verification portion of the form, if the married parents gave their child a different last name than the father's have them sign the 'Statement of Agreement' portion of the form and if it is a single mother who did not do a PA have her sign the PA Rejection portion of the form.

The other forms listed here may also be printed as needed by clicking on any one to select.

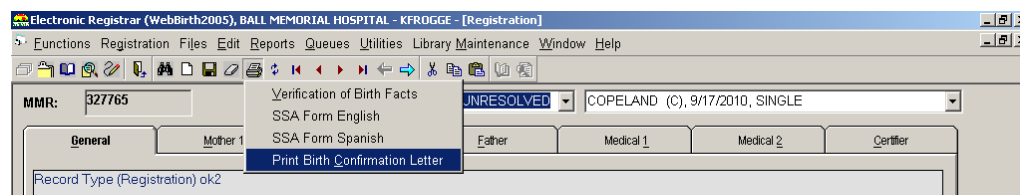
See following screen shot.

The SSA Form English, the SSA Form Spanish and the Birth Confirmation Letter are letters that the parent(s) can give to the welfare agency or an insurance company if he/she/they is seeking financial assistance or payment of claims for the infant. When a parent cannot afford a Certified copy of the *Certificate of Live Birth* that he/she/they just filed, these forms can serve as proof that the birth occurred.

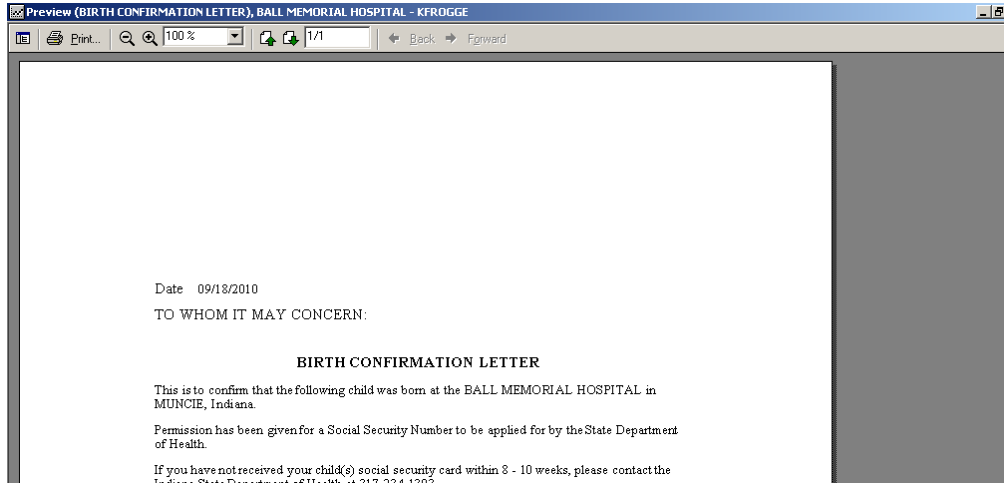
If either of the SSA Forms is selected for printing, be aware that they print without the infant's name. It will be necessary for you to type the name onto the printed form.



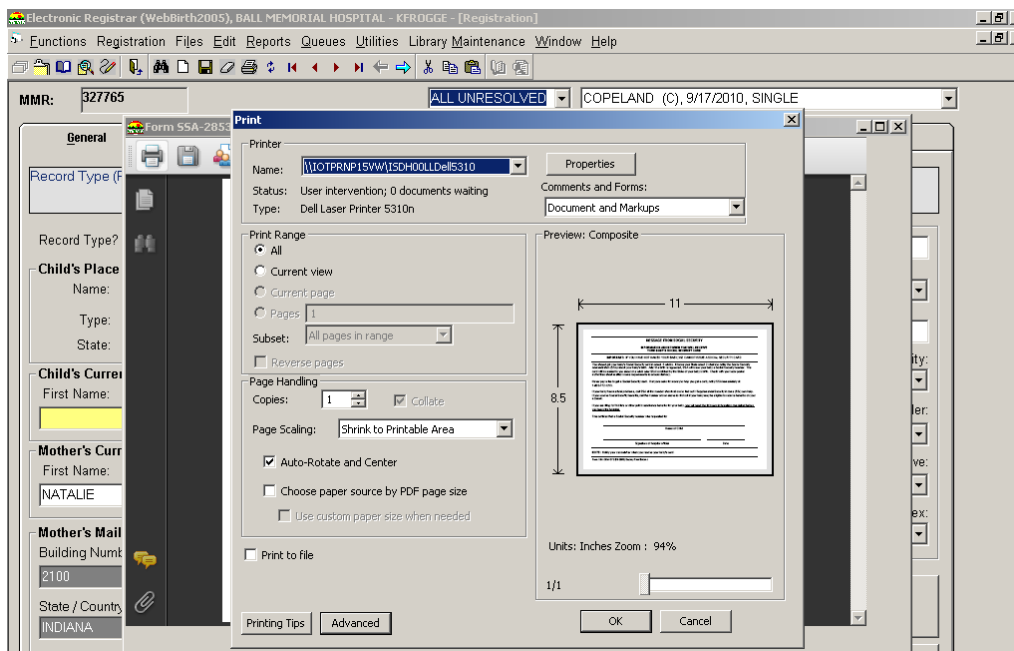
To print any of the letters, click on the name of the form.



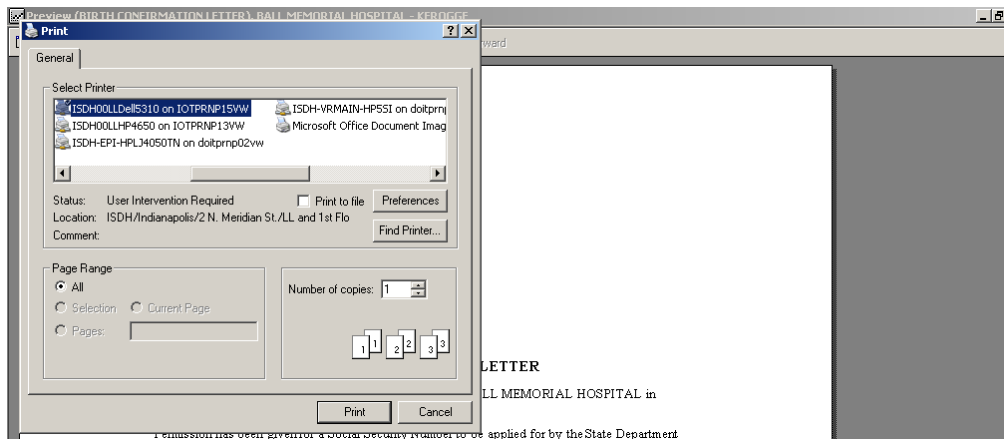
IBRS will display a Print Preview of the form. See following screen shot.



Click on the Print icon. Then click on OK to print.



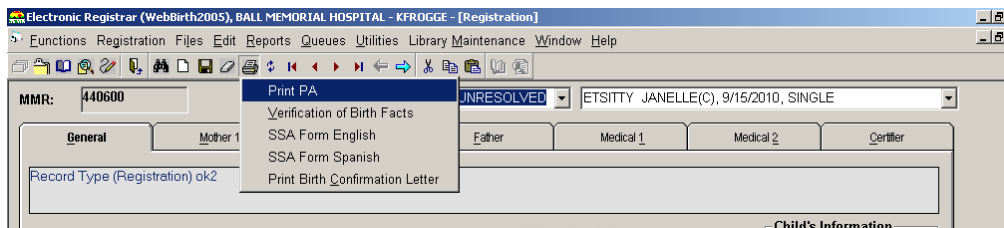
Or Click on Print again. Depending on which screen appears when you Click on Print. See following screen shot.



PRINT PA

If the birth you just entered was entered within 72 hours of the event and if there was a Paternity Affidavit, (PA), connected with the birth record, then the PA must be printed and signed by both parents.

Click on the Print icon. ➔ Click on Print PA



When you see the Print Preview, click on the print icon, then click on print again, and **change the number of copies to two**. Provide the parents with separate space away from each other and allow them to review the document. If there are no errors, and the parents agree with everything on the document have them **sign in the presence of the notary public and date the form**.

Once the parents have signed the PA you must add the date of the signing to the *Certificate of Live Birth*. Click on the Field "Date PA Signed" and put in the date as eight numbers with no slashes or dashes. If the date entered is less than 72 hours after the date of birth, then IBRS will accept the Paternity Affidavit.

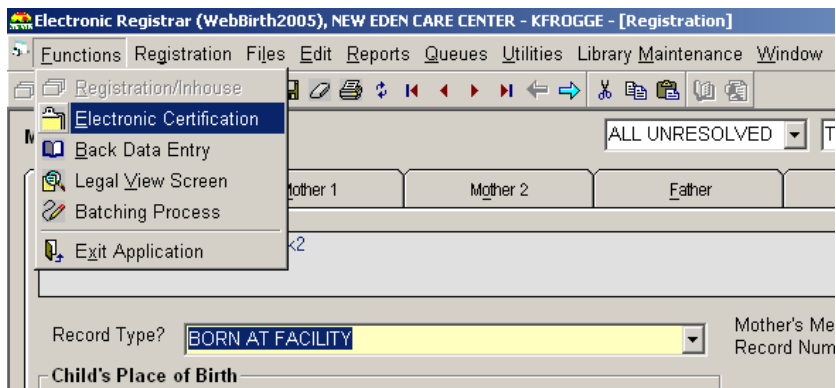
LAWARE	Date PA Signed: 09/16/2010	Am/Pm: AM
INCIE		Date of Birth: 09/15/2010
		Plurality: SINGLE
Last Name:	Suffix:	

SAVE the record. Click on the Save icon or Click on Registration, then click on Save. When the "Saved successfully" message appears, click on OK

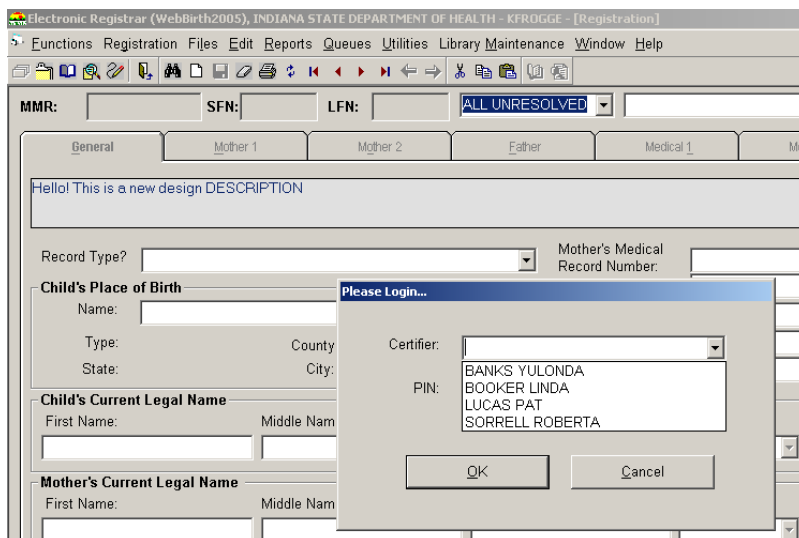
ELECTRONIC CERTIFICATION

To Certify the Certificates of Live Birth

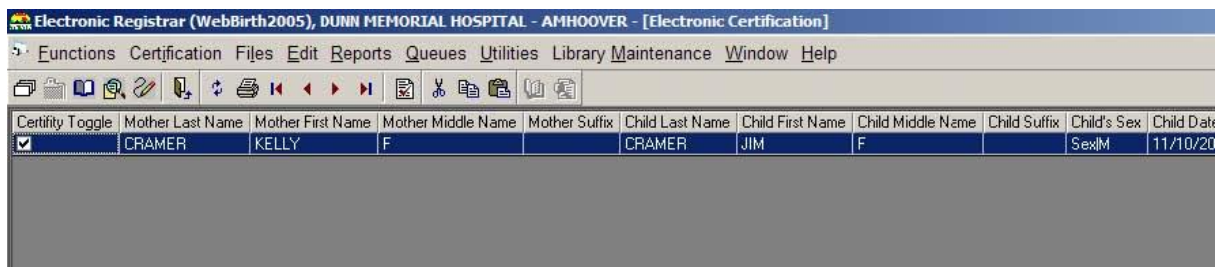
Click on 'Function's, ➔ Then Click on ELECTRONIC CERTIFICATION. ➔ Or Click on the Certification icon, (refer to Registration Toolbar in Chapter 3).



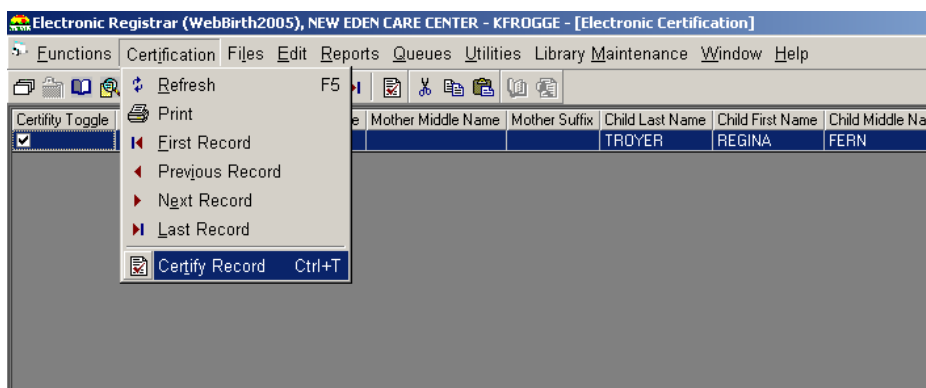
Click on the down arrow to the right of the CERTIFIER box. If you have birth records to certify, then your name will appear in the list. Click on your name then enter your PIN. Click on OK.



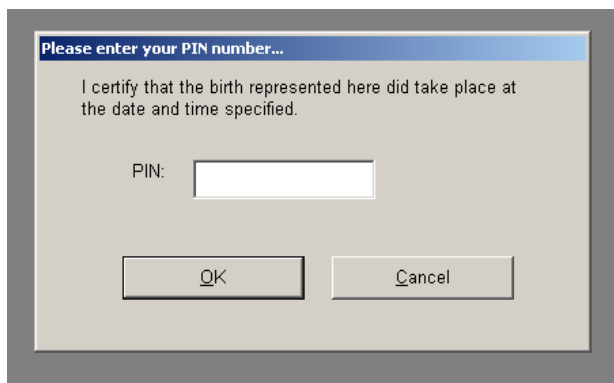
All records assigned to the person who is certifying birth records will appear on the certification screen.



Click on CERTIFICATION, and then click on CERTIFY RECORD. Or click on the Certification icon. See following screen shot. See following screen shot.

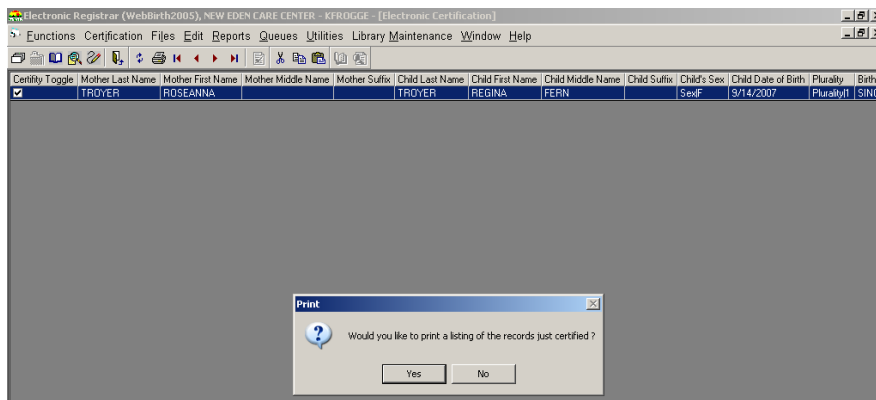


Enter PIN again and click on OK. See following screen shot.

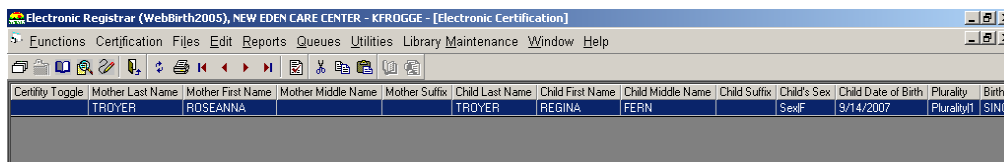


The records will be certified and the date they were certified will be added to the Date Certified on the Certifier Screen. A message will appear asking if you would like to print the report. Print the report if you wish, but the program does not require you to do so. However, if you certify several records it would be a good idea to print the report. Either Click on "YES" then Click on Print, or Click on "NO".

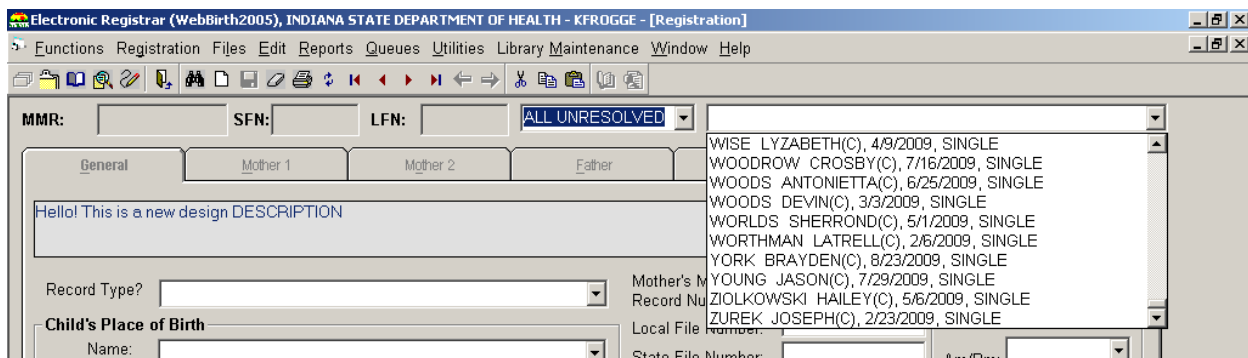
In the upper right corner of the screen there are two rows of three tiny boxes. To close this screen, Click on the **lower** box with the X.

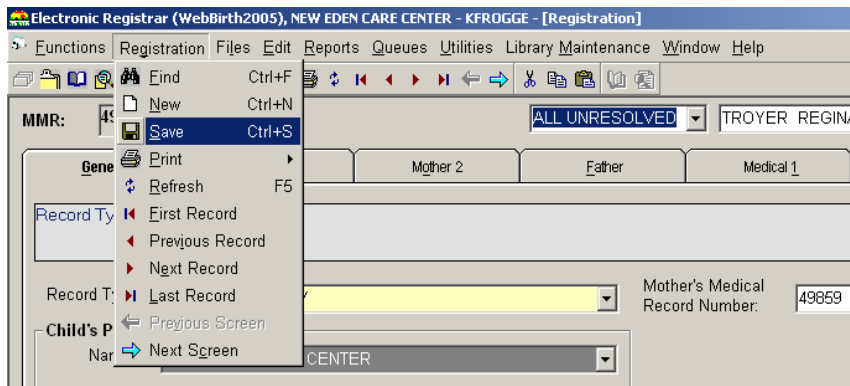


If you had a record open when you certified it, then it should still appear on the screen. If not, Click on 'FUNCTION'S', then click on REGISTRATION/INHOUSE.

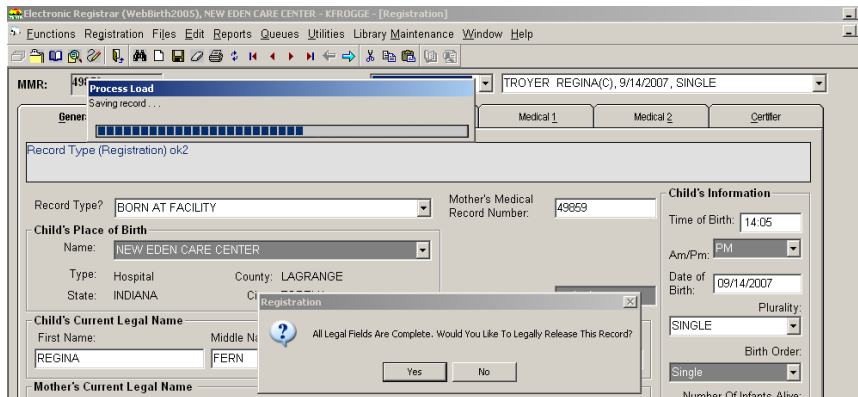


When the Registration screen opens, Click on the box to the right of the ALL UNRESOLVED box and select the record you just certified. Then click on REGISTRATION, and click on SAVE. Or click on the Save icon.

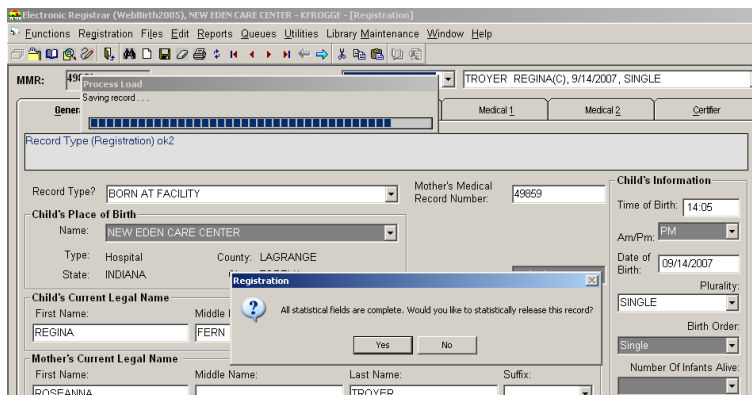




If you did everything correctly you will get this message, (see following screen). You must then Click on either "YES" or "NO", otherwise the program will sit and scroll forever. Click on "YES" if you are sure you are finished with the record The record will be released to your 'BATCHING PROCESS'. If you Click on "NO", then the record will just save and will remain in your UNRESOLVED record listing.



If you Clicked on "YES" you will get this message. (See following screen shot.) The program will just sit and scroll until you Click on either "YES" or "NO". If you Click on "Yes" the record is RELEASED to your 'BATCHING PROCESS'. If you Click on "NO", the record will be saved and remain in your UNRESOLVED record listing.



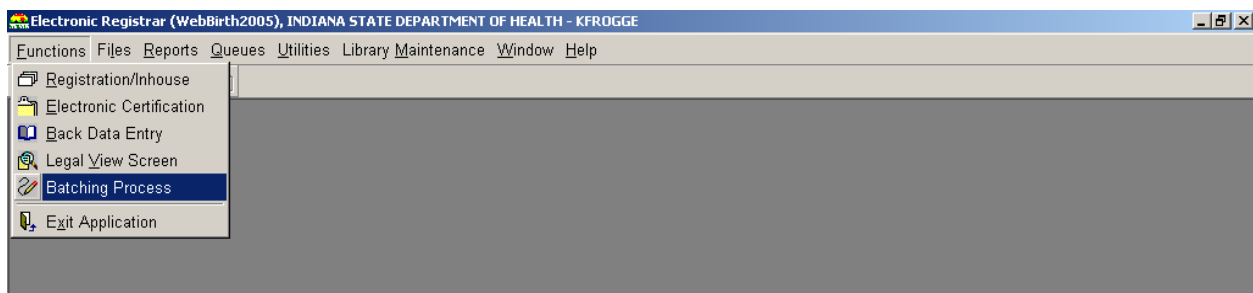
YOU ARE DONE WITH THE DATA ENTRY OF THE RECORD!

CHAPTER 4 - C

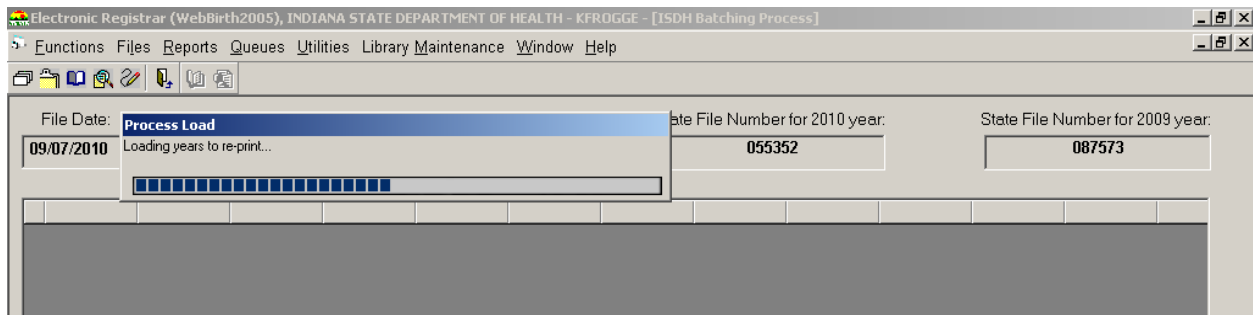
'BATCH PRINTING'

The Indiana Birth Registration System, (IBRS), transfers access of the electronic birth record from the hospital, or person who did the data entry of the record to the Local Health Department, (LHD), when the record is released from “REGISTRATION/INHOUSE”. When the record is entered into IBRS by a person at the LHD, that person must still release the record both legally and statistically as seen in the previous section (Chapter 4 - b). The record is now in the LHD 'Batch Print' queue. The staff person must then run the “BATCHING PROCESS” 'Function' which performs the LHD Registration process by printing a Local File Number in the upper left hand corner of the *Certificate of Live Birth* and assigning the File Date as the record is printed. This in turn transfers access of the record to the Indiana State Department of Health, (ISDH), where the “BATCHING PROCESS” must be run again. "Batch Printing" at the ISDH prints the State File Number in the upper right hand corner of the *Certificate of Live Birth* as it is printed. After both locations run the 'Batch Print', (and the ISDH runs the 'Batch Print' approximately every 15 minutes during the working day), the record can be accessed from “LEGAL VIEW” and is available to be issued, or corrected for any reason.

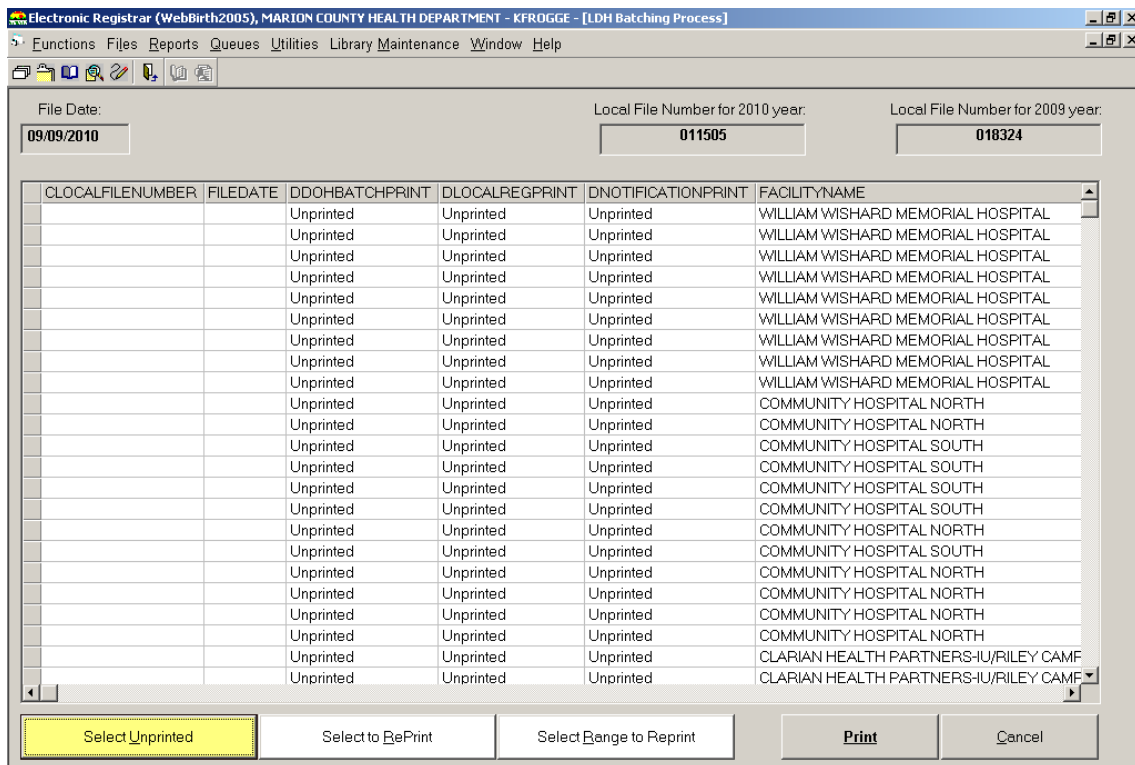
To run the 'Batch Print', Click on “FUNCTION'S” and then Click on “BATCHING PROCESS”.



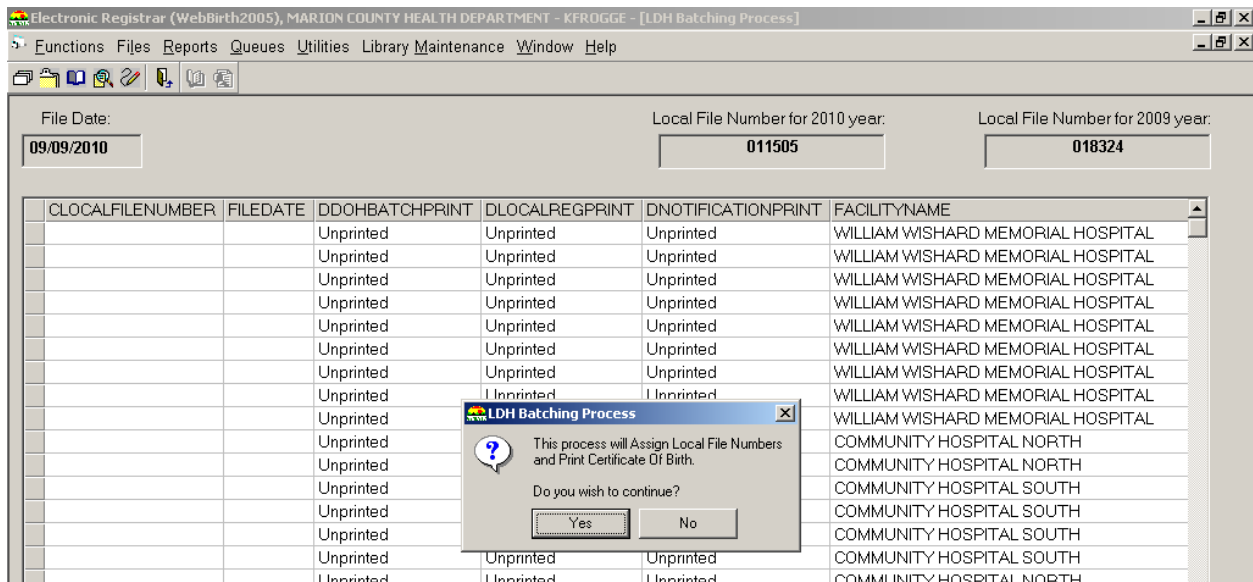
You will see the “PROCESS LOAD” bar start scrolling while the program loads the birth records that have been recently released to the print screen. See following screen shot.



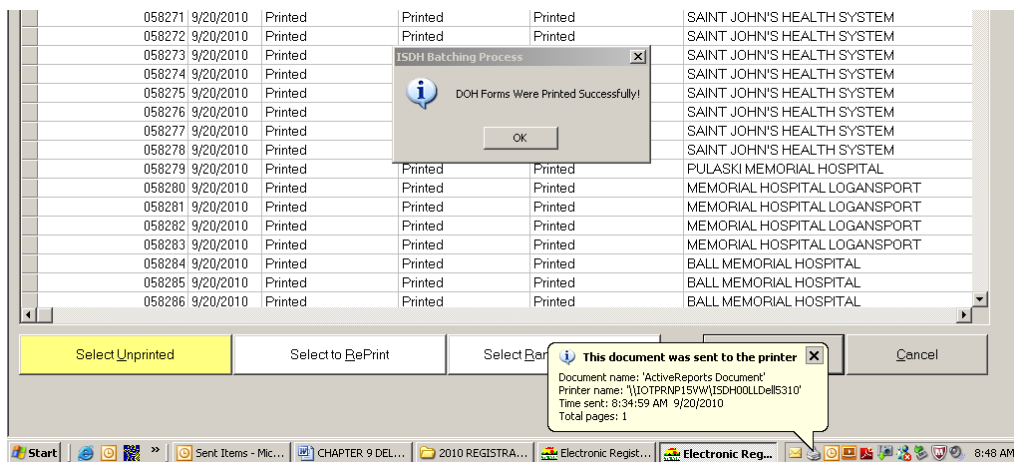
When the list is displayed, you will notice that the first two columns are blank, and the next three columns all say "Unprinted" and the last column shows the location of the birth. At the bottom of the screen are 5 buttons and the "SELECT UNPRINTED" button is highlighted in yellow. Either TAB until the "PRINT" button is highlighted and hit the enter key or click on the "PRINT" button. See following screen shot.



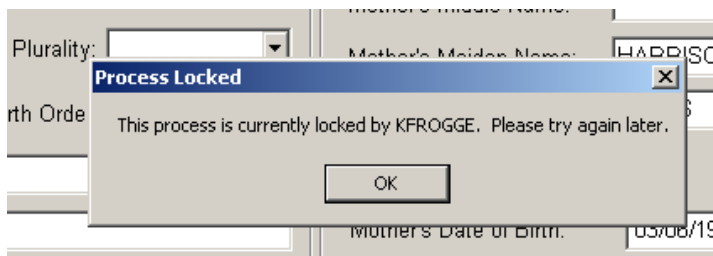
A message will appear on the screen asking if you want to print the Certificate of Birth. The message defaults to Yes, click on the "Yes" button, and the program will start printing the Certificates of Live Birth adding the local file number to the upper left hand corner of the document. The IBRS will assign a six digit to each birth record printed in your office that will start with "000001" for the first record to be 'Batch Printed' at the beginning of the year and will increase numerically for each subsequent record filed for the year. See following screen shot.



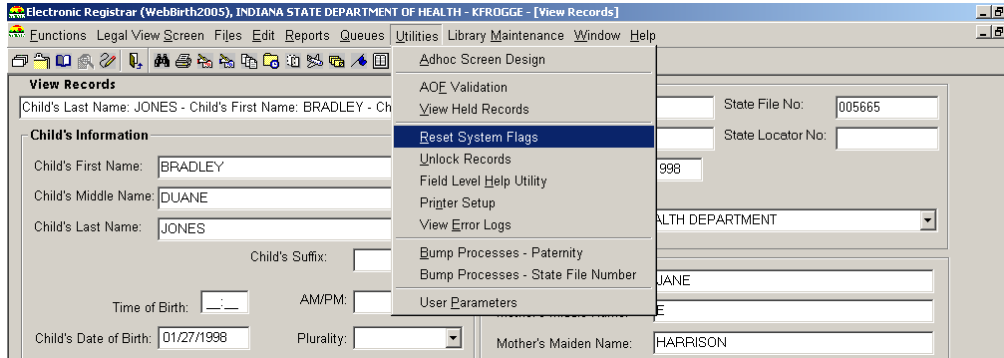
When the available records have been 'Batch Printed', a message to that effect appears on the screen. Click on 'OK' and then click on 'CANCEL' in the lower right hand corner. See following screen shot.



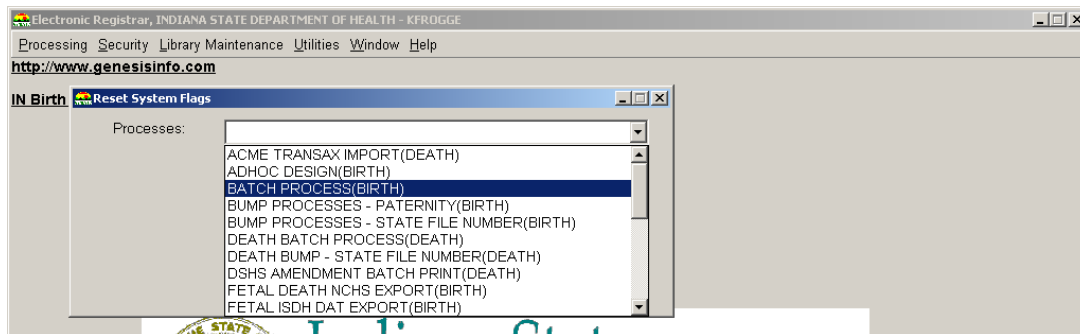
If you ever see the message shown on the following screen shot, do not panic. If this message appears it means that you forgot to 'Cancel' when your last "Batch Print" job ended. You probably clicked on another 'Function' to perform a task, or rebooted your computer. Therefore, the next time you try to "Batch Print" the 'Function' is locked. It is very simple to fix.



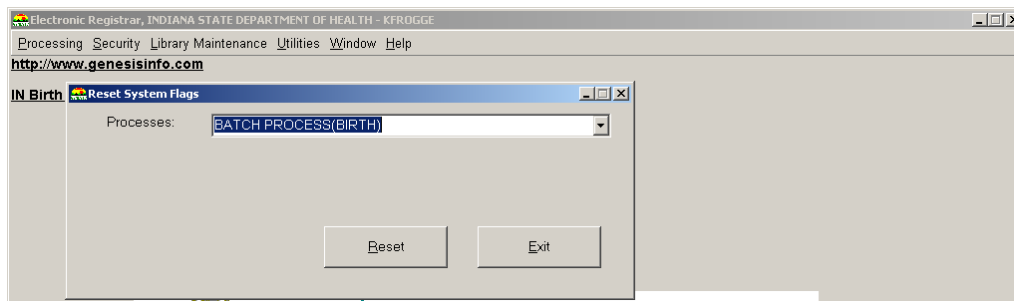
Click on UTILITIES → Then Click on RESET SYSTEM FLAGS.



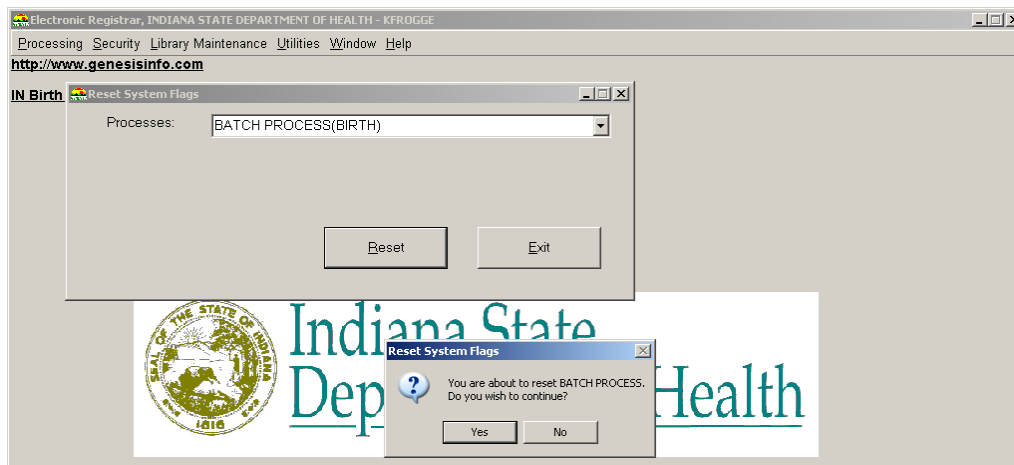
A list of tasks appears, select 'BATCH PROCESS(BIRTH)' by highlighting it and clicking. See following screen shot.



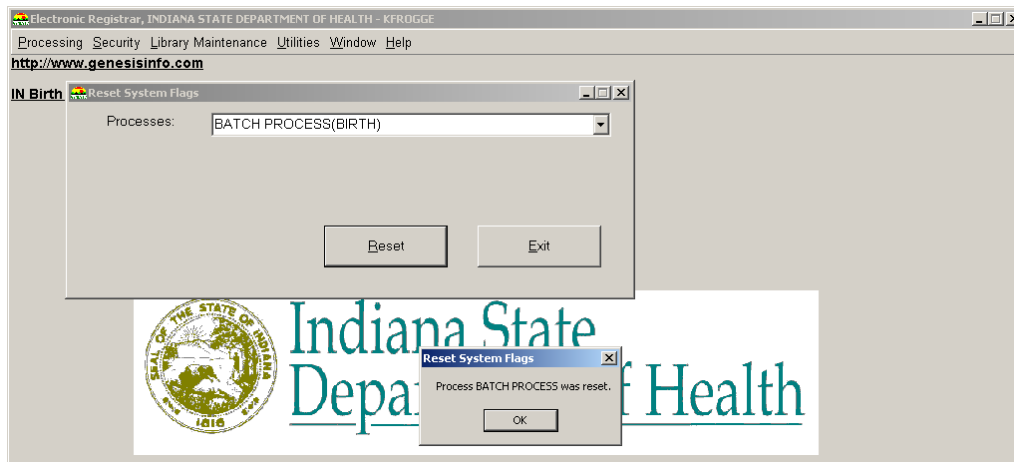
Click on 'Reset'.



A message box will appear asking "...Do you wish to continue?" Click on 'Yes'. See following screen shot.



Then when the message box "Process BATCH PROCESS was reset" appears, click on OK. Then click on 'Exit' See next screen shot.



You will now be able to Click on "Function's", then click on 'Batching Process' and will be able to run the 'Batch Print'.

If you ever run the 'Batch Print Process' and do not get all of the records that you were expecting. And no records appear to be missing from the records that were just printed The birth record(s) might be in the 'PA Review' and it/they will stay there until you receive the paper PA and are able to 'Accept' or 'Reject' the PA.

The birth record(s) might be in the 'AOF Validation' queue if any addition was made to any of the Library Tables such as for a State, County or City, or a hospital. These record(s) will not be released to the 'Batching Process' until someone at the ISDH can resolve the entries.

If you ever run the 'Batch Print Process' and you do not get paper records but the screen says that the records were printed as shown on the next screen shot, only the printing part of the process failed. First check your PRINTER SET UP to make sure that the printer is still selected. Second check that the printer is ok. If both are OK, Click on the "SELECT TO REPRINT" button and you might see a list of records that are all labeled as "Printed" on the screen after it changes. If there is a list, TAB until the "PRINT" button is highlighted and hit the enter key or Click on the button. See second following screen shot.

Electronic Registrar (WebBirth2005), INDIANA STATE DEPARTMENT OF HEALTH - KFROGGE - [ISDH Batching Process]

Functions Files Reports Queues Utilities Library Maintenance Window Help

File Date: 09/20/2010 State File Number for 2010 year: 058475 State File Number for 2009 year: 087574

NSTATEFILENUMBER	FILEDATE	DDOHBATCHPRINT	DLOCALREGPRINT	DNOTIFICATIONPRINT	FACILITYNAME
058384	9/20/2010	Printed	Printed	Printed	FLOYD MEMORIAL HOSPITAL AND HEALTH S
058385	9/20/2010	Printed	Printed	Printed	FLOYD MEMORIAL HOSPITAL AND HEALTH S
058386	9/20/2010	Printed	Printed	Printed	FLOYD MEMORIAL HOSPITAL AND HEALTH S
058387	9/20/2010	Printed	Printed	Printed	FLOYD MEMORIAL HOSPITAL AND HEALTH S
058388	9/20/2010	Printed	Printed	Printed	FLOYD MEMORIAL HOSPITAL AND HEALTH S
058389	9/20/2010	Printed	Printed	Printed	FLOYD MEMORIAL HOSPITAL AND HEALTH S
058390	9/20/2010	Printed	Printed	Printed	WOMEN'S HOSPITAL
058391	9/20/2010	Printed	Printed	Printed	WOMEN'S HOSPITAL
058392	9/20/2010	Printed	Printed	Printed	WOMEN'S HOSPITAL
058393	9/20/2010	Printed	Printed	Printed	WOMEN'S HOSPITAL
058394	9/20/2010	Printed	Printed	Printed	WOMEN'S HOSPITAL
058395	9/20/2010	Printed	Printed	Printed	WOMEN'S HOSPITAL
058396	9/20/2010	Printed	Printed	Printed	WOMEN'S HOSPITAL
058397	9/20/2010	Printed	Printed	Printed	WOMEN'S HOSPITAL
058398	9/20/2010	Printed	Printed	Printed	WOMEN'S HOSPITAL
058399	9/20/2010	Printed	Printed	Printed	WOMEN'S HOSPITAL
058400	9/20/2010	Printed	Printed	Printed	WOMEN'S HOSPITAL
058401	9/20/2010	Printed	Printed	Printed	WOMEN'S HOSPITAL
058402	9/20/2010	Printed	Printed	Printed	WOMEN'S HOSPITAL
058403	9/20/2010	Printed	Printed	Printed	WOMEN'S HOSPITAL
058404	9/20/2010	Printed	Printed	Printed	WOMEN'S HOSPITAL
058405	9/20/2010	Printed	Printed	Printed	WOMEN'S HOSPITAL
058406	9/20/2010	Printed	Printed	Printed	WOMEN'S HOSPITAL

Select Unprinted Select to RePrint Select Range to Reprint Print Cancel

Start Removable Disk (3 Microsoft Offi... Electronic Registr... Inbox - Microsoft... Electronic Registr... 10:33 AM

Electronic Registrar (WebBirth2005), INDIANA STATE DEPARTMENT OF HEALTH - KFROGGE - [ISDH Batching Process]

Functions Files Reports Queues Utilities Library Maintenance Window Help

File Date: 09/20/2010 State File Number for 2010 year: 058475 State File Number for 2009 year: 087574

Select Unprinted Select to RePrint Select Range to Reprint Print Cancel

Start Removable Disk (E:) 3 Microsoft Offi... Electronic Registr... Inbox - Microsoft ... Electronic Regis... 10:35 AM

Electronic Registrar (WebBirth2005), ADAMS COUNTY HEALTH DEPARTMENT - KFROGGE - [LDH Batching Process]

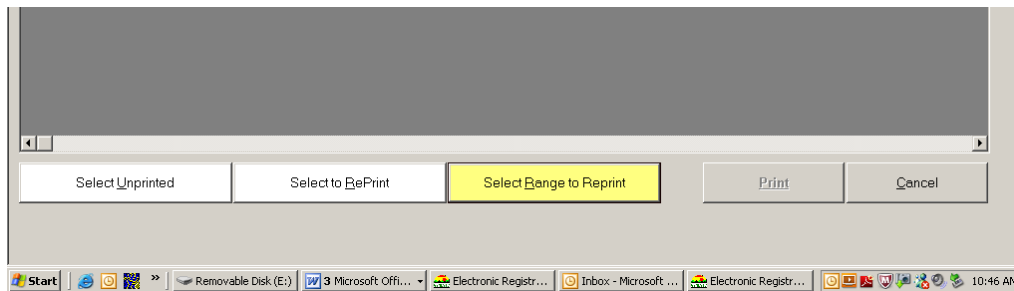
Functions Files Reports Queues Utilities Library Maintenance Window Help

File Date: 09/07/2010 Local File Number for 2010 year: 000361 Local File Number for 2009 year: 000527

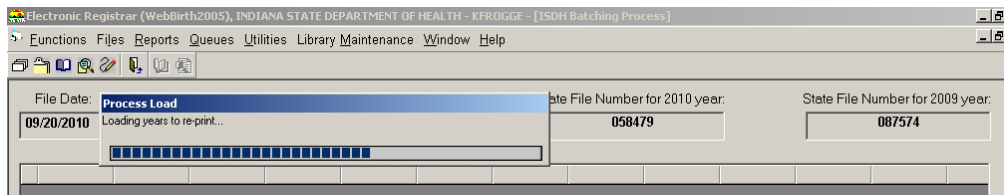
CLOCALFILENUMBER	FILEDATE	DDOHBATCHPRINT	DLOCALREGPRINT	DNOTIFICATIONPRINT	FACILITYNAME	CHILDS
000123	4/6/2010	Printed	Printed	Printed	8673 S 300 W	NEUEN
000124	4/6/2010	Printed	Printed	Printed	8673 S 300 W	GIROD
000125	4/6/2010	Printed	Printed	Printed	8673 S 300 W	SCHWA
000126	4/6/2010	Printed	Printed	Printed	8673 S 300 W	SCHWA
000127	4/6/2010	Printed	Printed	Printed	8673 S 300 W	SCHWA
000128	4/6/2010	Printed	Printed	Printed	8673 S 300 W	WENG
000129	4/7/2010	Printed	Printed	Printed	701E 1000 S	SCHWA
000130	4/12/2010	Printed	Printed	Printed	ADAMS COUNTY MEMORIAL HOSPITAL	FORTN
000131	4/12/2010	Printed	Printed	Printed	ADAMS COUNTY MEMORIAL HOSPITAL	HOHEN
000132	4/12/2010	Printed	Printed	Printed	8673 S 300 W	YODEP
000133	4/12/2010	Printed	Printed	Printed	8673 S 300 W	WICKE
000134	4/12/2010	Printed	Printed	Printed	8673 S 300 W	YODEP
000135	4/12/2010	Printed	Printed	Printed	8673 S 300 W	SCHWA

Select Unprinted Select to RePrint Select Range to Reprint Print Cancel

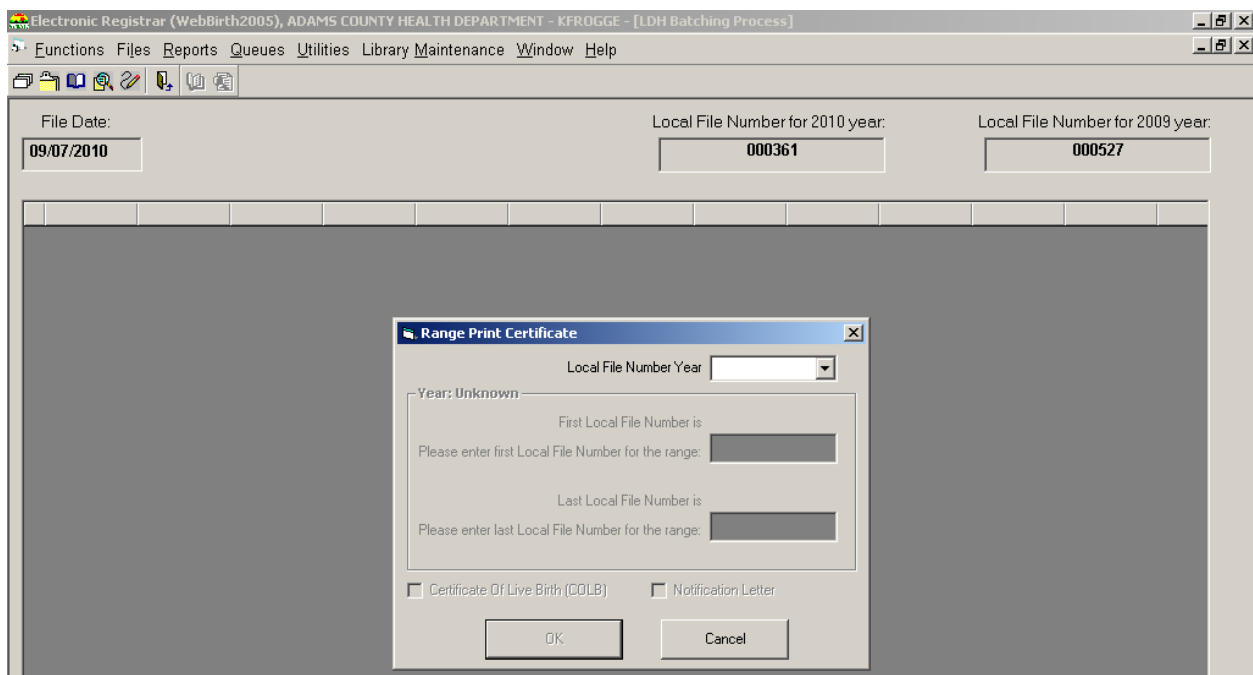
If you do not see the list of records that you just tried to 'Batch Print', TAB until the "SELECT RANGE TO REPRINT" button is highlighted and hit the enter key or Click on the button. See following screen shot.



The "PROCESS LOAD" bar will appear and it will take a few seconds for the program to load the years that are available to reprint. See next screen shot.



When the years have been loaded a box will appear and you must enter the 4 digit year in the Local File Number Year, then TAB, see next screen shot.

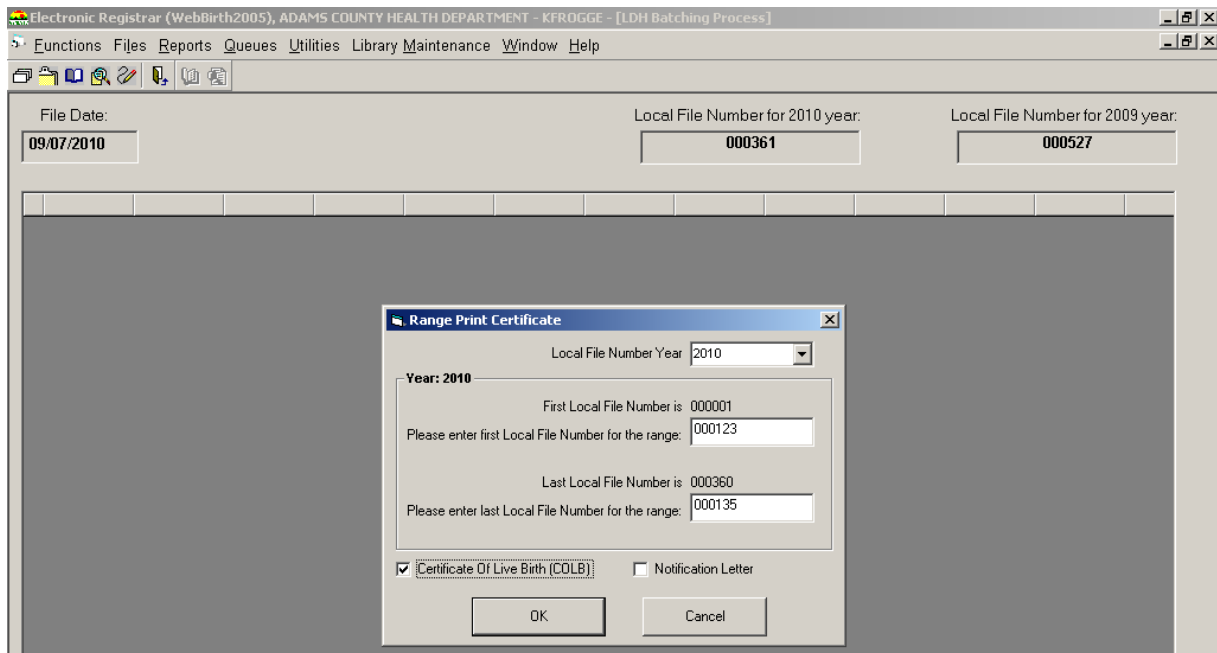


When you enter the 4 digit year, the screen will activate the fields where the local file numbers of the records that you need to reprint may be entered. You will enter the six digit file number, for the first record you need, in the "Please enter first Local File Number for the range", then TAB to the next box and enter the six digit file number for the last record in the range that you need to print. See next two screen shots.

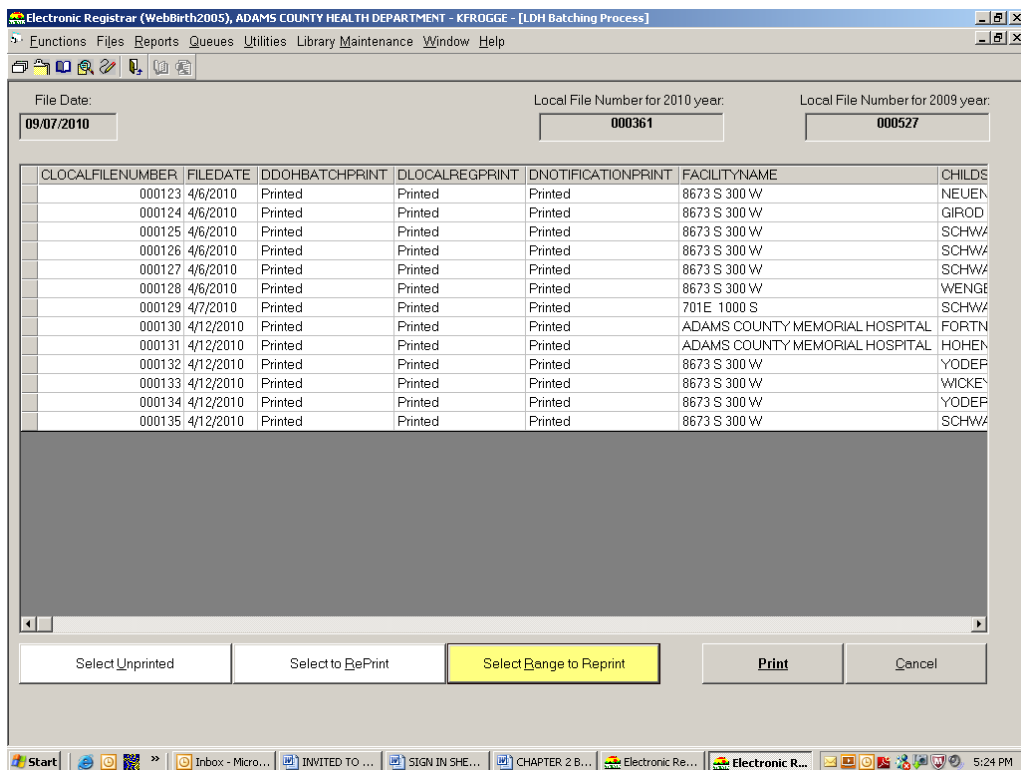
NOTE: IF YOU NEED ONLY 1 RECORD REPRINTED, ENTER THE SAME LOCAL FILE NUMBER IN BOTH BOXES.

The screenshot displays the 'Electronic Registrar (WebBirth2005)' application window for 'ADAMS COUNTY HEALTH DEPARTMENT - KFROGGE - [LDH Batching Process]'. The main window has a menu bar with 'Functions', 'Files', 'Reports', 'Queues', 'Utilities', 'Library', 'Maintenance', 'Window', and 'Help'. Below the menu is a toolbar with various icons. The main area contains three input fields: 'File Date:' with the value '09/07/2010', 'Local File Number for 2010 year:' with the value '000361', and 'Local File Number for 2009 year:' with the value '000527'. A 'Range Print Certificate' dialog box is open in the center. It has a title bar with a close button. Inside, there is a dropdown for 'Local File Number Year' set to '2010'. Below this, it says '-Year: 2010'. There are two input fields: 'First Local File Number is: 000001' and 'Please enter first Local File Number for the range:' (which is empty). Below these is 'Last Local File Number is: 000360' and 'Please enter last Local File Number for the range:' (which is empty). At the bottom of the dialog, there are two checkboxes: 'Certificate Of Live Birth (COLB)' and 'Notification Letter', both of which are unchecked. At the very bottom of the dialog are 'OK' and 'Cancel' buttons.

Please note that you have the option of printing, only the *Certificate of Live Birth*, or only the "Notification Letter". Select either or both and Click on "OK". See next screen shot.



The list of records will appear on the screen, and you will notice that they are identified as "Printed". However; just click on the "Print" button and the records will be reprinted.



You can use the "SELECT RANGE TO REPRINT" 'Function' of the "BATCHING PROCESS" any time you need to print a copy of the record that is not for issuing, or if you need to reprint your "Notification Letters".

After the 'Batch Print' is finished, the *CERTIFICATE OF LIVE BIRTH* is complete. You will be able to access the record in 'LEGAL VIEW' for further processing or issuance.

CHAPTER 4 - D

PATERNITY AFFIDAVIT REVIEW

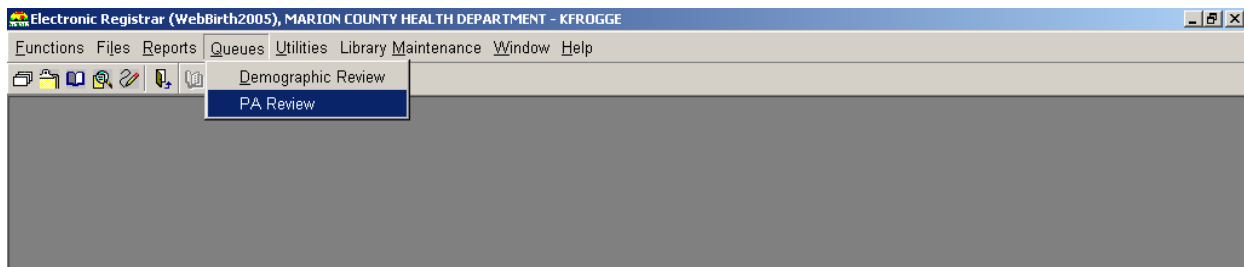
When a *Certificate of Live Birth*, (filed either in the hospital or with a Home Birth, (within 72 hours) at the Local Health Department, (LHD)), is filed with a Paternity Affidavit, (PA), it does not go into the list of records in the “BATCHING PROCESS” when it is released. Instead it is routed to the “PA Review” Queue where it is held until the PA is either “Accepted” or “Rejected”.

The paper PA must be mailed by the hospital to the LHD. When the PA is received in the mail, the staff person in the LHD must examine the document and decide if it can be approved. A PA done in the hospital will be rejected if, when it arrives at the LHD:

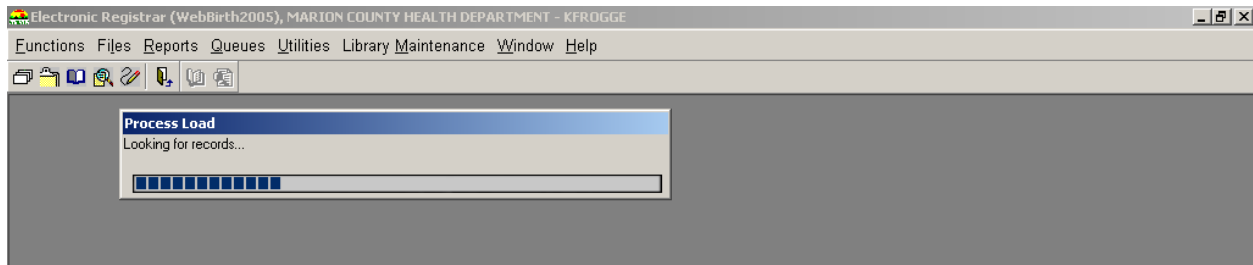
- it is signed and dated more than 72 hours after the birth of the child
- it does not contain all signatures, dates and initials, (though Section F may be blank)
- the parents happened to sign on the wrong lines
- there are any crossed out entries
- there are hand written additions to the form
- there is any white out on the document.

When the paper Paternity Affidavit is received at the LHD, it must be examined to determine if any of the reasons for rejecting the record exist, and a decision made as to whether to accept or reject it. (See Changes to the Birth Record chapter for further guidance.)

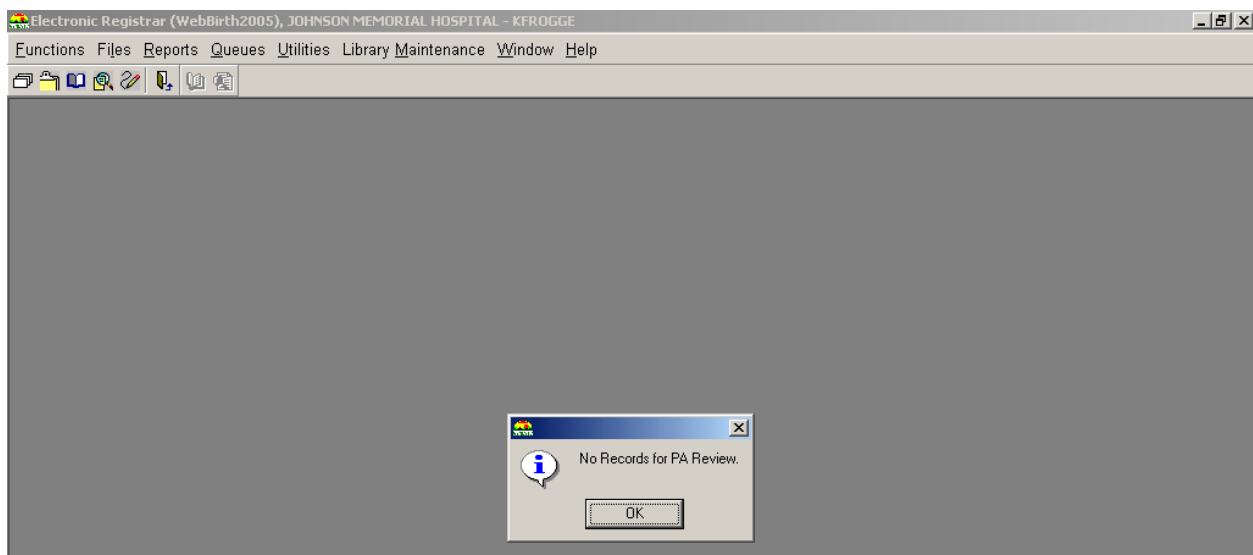
Then while logged in the Indiana Birth Registration System, Click on "QUEUES", and then click on 'PA REVIEW", See following screen shot.



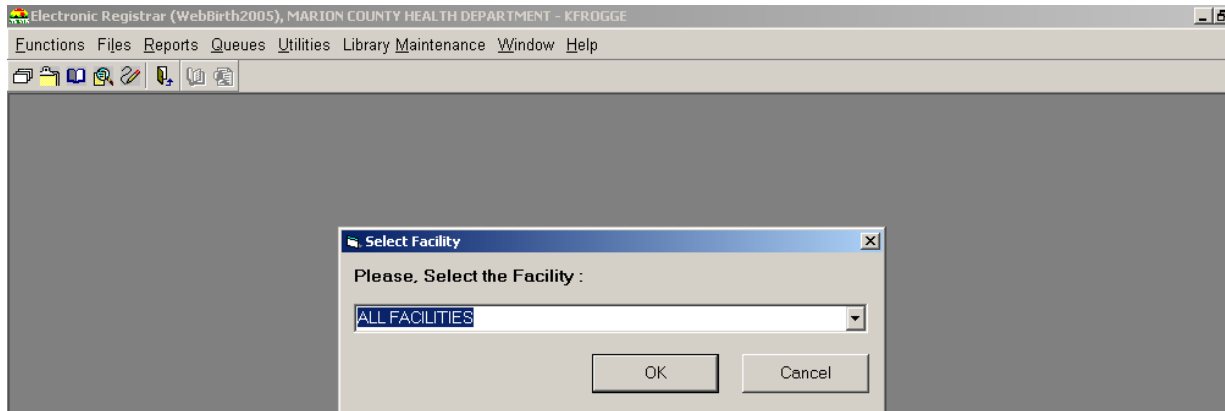
The "PROCESS LOAD" bar starts scrolling as the records in the Queue are accessed. See following screen shot.



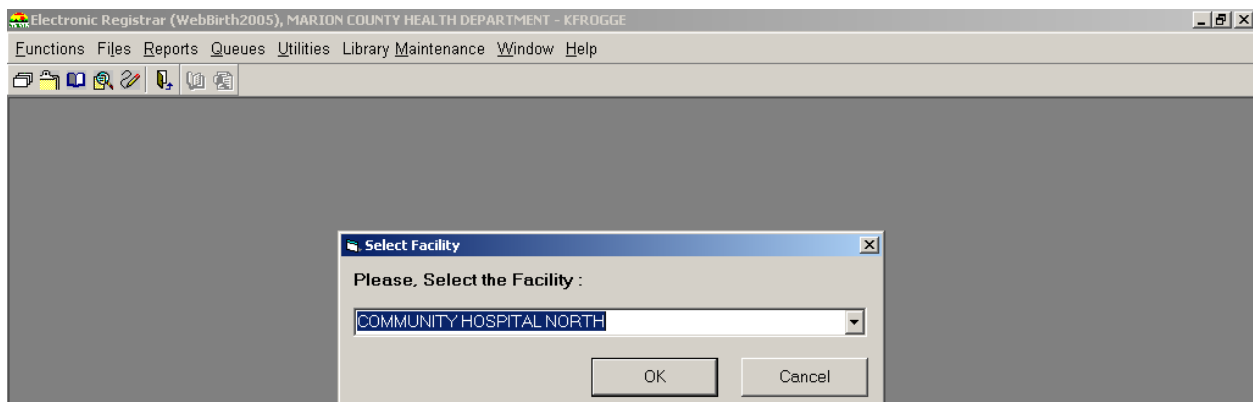
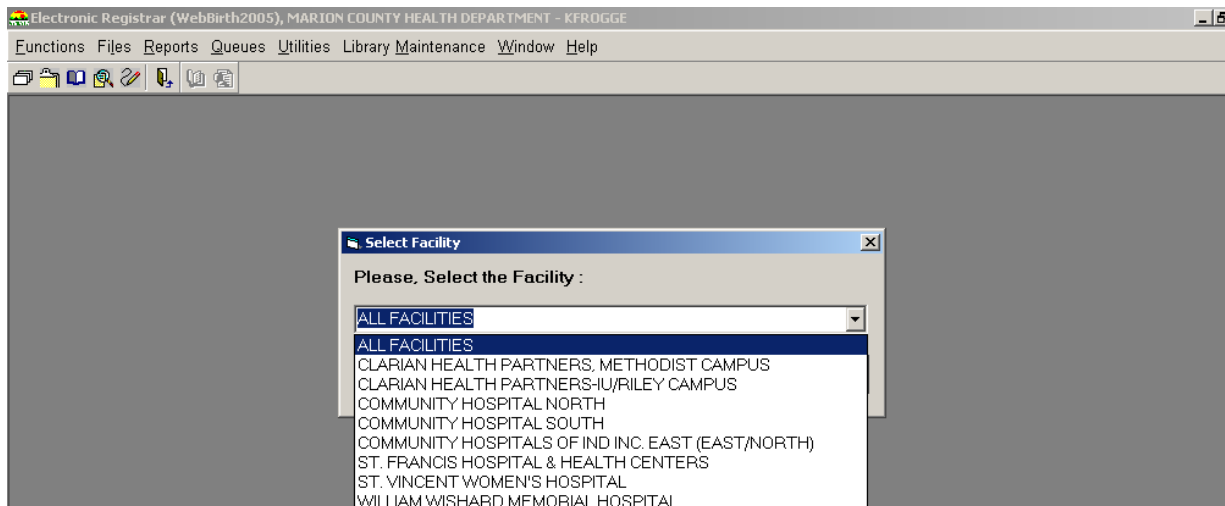
If there are no Paternity Affidavits in the Queue, a message to that effect will appear. Just click on OK, then you will be able to select any other 'Function' to continue working. See following screen shot.



If there are records for PA Review in the Queue, and there is more than one hospital in the LHD jurisdiction, this box will appear. If there is only one hospital, the box does not appear. See following screen shot.



To select the name of the facility that has just sent Paternity Affidavits to the LHD, click on the drop down arrow at the right end of the box that reads "ALL FACILITIES" and TAB to the appropriate facility name or click on the name and then click on "OK". It is also possible to just click on "OK" to get the entire list. See following two screen shots.



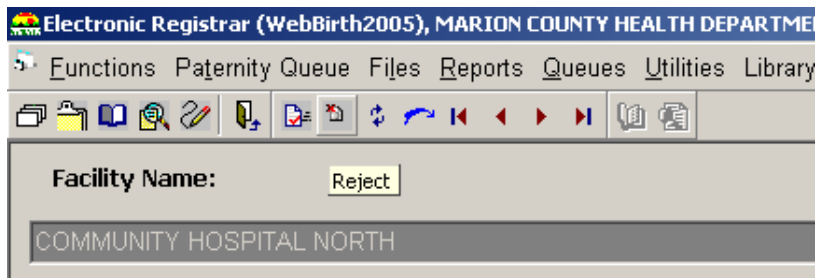
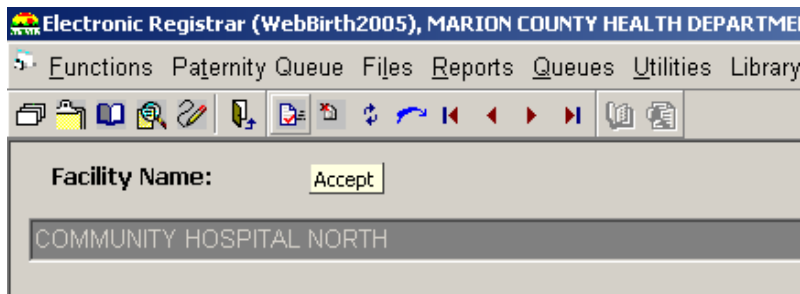
The Paternity Affidavits waiting in the Queue, which were filed by the hospital selected, (or filed by the LHD in rare instances), will be displayed one at a time on the PA Review screen. If the name on the record that is displayed is not the same as the name on the PA you are reviewing, click on the drop down arrow at the far right end of the 'CURRENT RECORD" box and all of the names will be shown. Click on the appropriate name and that record will be displayed on the screen. See following screen shot.

The screenshot shows the 'Electronic Registrar (WebBirth2005)' application window. The title bar indicates it is for the 'MARION COUNTY HEALTH DEPARTMENT - KFRIDGE - [Paternity Queue]'. The menu bar includes 'Functions', 'Paternity Queue', 'Files', 'Reports', 'Queues', 'Utilities', 'Library Maintenance', 'Window', and 'Help'. The toolbar contains various icons for navigation and actions. The main form area is titled 'Facility Name:' and shows 'COMMUNITY HOSPITAL NORTH' in a dropdown menu. Below this, the 'Current Record :' section displays a dropdown menu with the selected record: 'Paternity Affidavit Number: 98303 - Child's DOB: 9/1/2010 - Child's Name: JACOBS, AMELIA'. The 'Mother's, Father's, and Child's Information' section contains the following fields: 'Mother's Name: HUSKINS, RACHEL ABIGAIL', 'Father's Name: JACOBS, BENJAMIN', 'Child's Name: JACOBS, AMELIA', 'Child's DOB: 09/01/2010', 'Paternity Affidavit Number: 98303', and 'Date Paternity Affidavit Signed: 09/02/2010'. At the bottom left, there is a checkbox for 'Auto Increment' which is checked. The status bar at the bottom shows 'NOT Complete' and 'Record 1 of 1'. The Windows taskbar at the very bottom shows the Start button and several open applications, including 'Inbox - Micr...', '2010 REGIS...', 'CHAPTER 2 -...', 'CHAPTER 3 -...', 'Electronic Re...', and 'Electronic ...'.

You have already determined if the paper PA will be "Accepted" or "Rejected". Verify that the information on the screen is identical to the same information on the paper PA as well. If it is, then the PA should be accepted; if not it should be rejected.

If the Paternity Affidavit is to be "Accepted", Click on the 7th icon from the left on the Tool Bar and the record will be accepted. See the following screen shot.

If the Paternity Affidavit is to be "Rejected", Click on the 8th icon from the left on the Tool Bar and the record will be rejected. See the second following screen shot.



If the PA was accepted, the *Certificate of Live Birth* is released from the "PA REVIEW" Queue and is sent to the "BATCHING PROCESS" queue. After 'Batch Printing', the record is released to "LEGAL VIEW" and is available for further processing and use. The paper PA is to be mailed to the Indiana State Department of Health which is the repository for all Vital Records documents.

If the PA was rejected, a message box appears that asks "...Are you Sure...YES or NO...". To answer the question, click on either the Yes button or the No button. If No is selected, then nothing happens and the record stays in the Queue.

If Yes is selected:

- the record is removed from the Queue,
- the father's information is removed from the *Certificate of Live Birth*, (COLB),
- the infant's last name is changed to match the mother's legal last name if it was different,
- and the COLB is released to the "BATCHING PROCESS" queue.

After the 'Batch Printing' is completed the COLB data is in "LEGAL VIEW" and available for further processing and use. The IBRS also creates an entry in the "NET CHANGE HISTORY" file, which is associated with the COLB, and creates a 'document' trail of changes for that record. This process allows for a new a Paternity Affidavit to be filed at the Local Health Department level, or permits a correction by notification to be filed for that record without the parents being forced to go to court.

When the 'PA Review' process has been completed all of the paper Paternity Affidavits, (PA), that were just processed must be mailed to the Indiana State Department of Health, (ISDH), which is the repository for all Vital Records documents. The paper PAs forms that were rejected should be stamped or marked 'VOID' before mailing to ISDH.

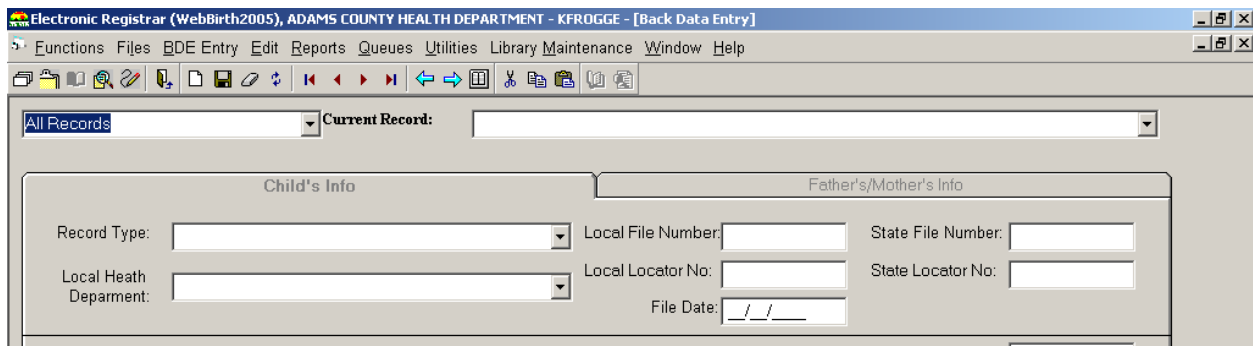
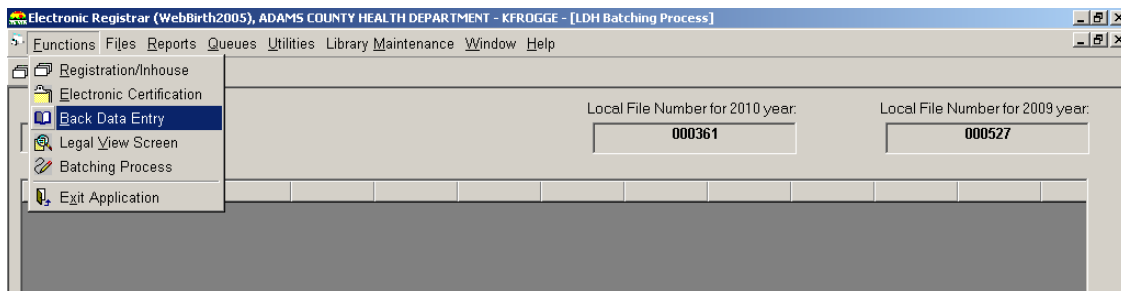
Some Local Health Departments have developed a policy to retain the paper PAs, for those which have attempted to establish joint legal custody, until the DNA results are either reported or the 60 waiting period has passed without a report of the DNA results. If that is the policy of your LHD, please be aware that the 'PA Review' process must be completed as soon as the paper PA is received. Many parents need a certified birth certificate as soon as it can be obtained for many reasons, but the birth record cannot be issued while it is held by the 'PA Review' Queue. The PA must be 'Approved' or 'Rejected' as soon as you receive the paper document.

CHAPTER 4 – E

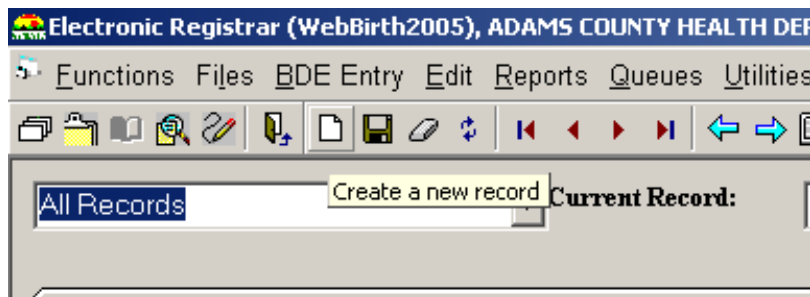
'Back Data Entry'

Any Home Birth or birth that occurred in a Non Participating Facility prior to JANUARY 1st of LAST YEAR, BUT PRIOR TO THE 4TH BIRTHDAY OF THE CHILD, MUST BE FILED BY THE LHD IN 'BACK DATA ENTRY'.

Click on 'Function's → And then Click on "'Back Data Entry'. See next two screen shots.



Then Click on the "Create a new record" icon. The one that looks like a small sheet of paper.



When the "PROCESS LOAD" scrolling stops the screen will be activated.

Electronic Registrar (WebBirth2005), INDIANA STATE DEPARTMENT OF HEALTH - Kfrogge - [Back Data Entry]

Functions Files BDE Entry Edit Reports Queues Utilities Library Maintenance Window Help

All Records Process Load
Retrieving record ...

Record Type: [] Local File Number: [] State File Number: []
Local Heath Department: [] Local Locator No: [] State Locator No: []
File Date: []

Father's/Mother's Info

Click on the drop down arrow at the right end of the "RECORD TYPE" box.

If the record to be entered is for a birth that occurred in a Non Participating facility or is for a Home Birth, either of which occurred prior to JANUARY 1, of LAST YEAR, TAB to or Click on "BELATED REGISTRATION".

If the record to be entered is for a birth that occurred four or more years ago prior to today's date and that is in the LHD files but not in IBRS, TAB to or Click on "MISSING LEGACY RECORD". See following screen shot.

Electronic Registrar (WebBirth2005), ADAMS COUNTY HEALTH DEPARTMENT - Kfrogge - [Back Data Entry]

Functions Files BDE Entry Edit Reports Queues Utilities Library Maintenance Window Help

All Records Current Record: []

Child's Info

Record Type: [] Local File Number: [] State File Number: []
Local Heath Department: [] Local Locator No: [] State Locator No: []
File Date: []

Death Year: []

In the example shown in the next several screen shots a Missing Legacy Record is being entered. The procedure for entering a record for a Non Participating Facility or a Home Birth is exactly the same.

Use as much information as is available in the LHD files or data base and enter each field according to the description next to each box. The name of your LHD will already be

automatically completed. TAB from field to field in order to resolve each field so the record will save correctly.

The Local File Number is a required field and must be six numbers. If your LHD did not use six digits for the Local File Number, then use what you do have and fill in the other digits with leading zeros. Example: the LHD local number is "609", for IBRS you must enter "000609". If your LHD never used local file numbers, it will be necessary for you to create them for "Back Data Entry" use and keep track of them in order to avoid duplication. For each year of filing birth records you will start with the local number "000001" and number consecutively for each record that is entered into "Back Data Entry".

The file date is also a required field. If the file date for an older record is not available, use the same date as the date of birth for the person whose record is being entered. If you do not have the information for any of the other fields just TAB through the fields.

If the person whose birth record is being added as a "Missing Legacy Record" is now deceased, you must enter the year the death occurred as well as the Local Death Certificate No". This Local number must be six numbers. If your LHD did not use six digits use what you do have and fill in the other digits with leading zeros. Example: the LHD local death certificate number is "511", for IBRS you must enter "000511". If your LHD never used local death certificate numbers, it will be necessary for you to create them for "Back Data Entry" use and keep track of them in order to avoid duplication. For each year of death you will start with the local number "000001" and number consecutively.

The "Hospital of Birth" can be accessed by starting to type the name which will make the program start to filter down to the appropriate name. When the hospital name is highlighted TAB or Click on the name and it will fill in the field as well as the State, County and City.

If the birth did not occur in a Hospital, or the hospital where the birth occurred is no longer in existence, click on the drop down arrow at the right end of the box and scroll all the way to the end of the list of hospitals. The last entry on the list is the word "NONE", when "NONE" is

highlighted, select it by either TABBING or by Clicking on the word. This will activate the fields for the State, County and City. When you start typing in each of these fields, the program will filter down through the appropriate list to the State, which must always be Indiana, then the County and then the City required. See the following screen shots.

Electronic Registrar (WebBirth2005), ADAMS COUNTY HEALTH DEPARTMENT - KFROGGE - [Back Data Entry]

Functions Files BDE Entry Edit Reports Queues Utilities Library Maintenance Window Help

All Records Current Record:

Child's Info **Father's/Mother's Info**

Record Type: MISSING LEGACY RECORD Local File Number: 000025 State File Number:

Local Health Department: ADAMS COUNTY HEALTH DEPARTMENT Local Locator No.: State Locator No.:

File Date: 10/15/1922

First Name: ALBERT Middle Name: LOUIS Last Name: POTTER

Death Year: State Death Certificate No.: Local Death Certificate No.:

Death State: Hospital Of Birth: ADAMS COUNTY HEALTH DEPARTMENT

Date of Birth: 10/10/1922 Sex: MALE State: County: City:

Time of Birth: AM/PM: SSN: Issue Comment:

☐ Do Not Issue

Correction Number Amendment/Authorization Indicator Field Name Comment Date

Add New

Electronic Registrar (WebBirth2005), ADAMS COUNTY HEALTH DEPARTMENT - KFROGGE - [Back Data Entry]

Functions Files BDE Entry Edit Reports Queues Utilities Library Maintenance Window Help

All Records Current Record:

Child's Info **Father's/Mother's Info**

Record Type: MISSING LEGACY RECORD Local File Number: 000025 State File Number:

Local Health Department: ADAMS COUNTY HEALTH DEPARTMENT Local Locator No.: State Locator No.:

File Date: 10/15/1922

First Name: ALBERT Middle Name: LOUIS Last Name: POTTER

Death Year: State Death Certificate No.: Local Death Certificate No.:

Death State: Hospital Of Birth: ADAMS COUNTY HEALTH DEPARTMENT

Date of Birth: 10/10/1922 Sex: MALE State: County: City:

Time of Birth: AM/PM: SSN: Issue Comment:

☐ Do Not Issue

Correction Number Amendment/Authorization Indicator Field Name Comment Date

Add New

Once the upper portion of this screen is filled in, TAB until the screen changes to the second "Back Data Entry" screen.

Electronic Registrar (WebBirth2005), ADAMS COUNTY HEALTH DEPARTMENT - KFROGGE - [Back Data Entry]

Functions Files BDE Entry Edit Reports Queues Utilities Library Maintenance Window Help

All Records Current Record:

Child's Info Father's/Mother's Info

Mother's Information

First Name: MARY Place of Birth: OHIO Date of Birth: / /

Middle Name: LOUISE State Of Residence: OHIO Age:

Legal Last Name: POTTER County Of Residence: OMAN

Maiden Name: HARTMAN City Of Residence: OREGON

Suffix: OSTUNCALCO

Is Mother Married: P.R. CHINA

Father's Information

First Name: Middle Name: Last Name: Suffix: Date of Birth: / /

Age:

Correction Number Amendment/Authorization Indicator Field Name Comment Date

Add New Update Delete

Status: New Record Record 0 Of 0

Start InBox - Micro... INVITED TO ... SIGN IN SHE... CHAPTER 2 B... Electronic Re... Electronic R... 5:32 PM

Type in the mother's name in the appropriate fields, and remember to TAB from field to field. When you reach the "Place of Birth" field, enter the state or country where the mother was born, again the program will filter down through the list until the appropriate name appears. Select the state or country by TABBING when it is highlighted or by Clicking on the name. See following screen shot.

Electronic Registrar (WebBirth2005), ADAMS COUNTY HEALTH DEPARTMENT - KFROGGE - [Back Data Entry]

Functions Files BDE Entry Edit Reports Queues Utilities Library Maintenance Window Help

All Records Current Record:

Child's Info Father's/Mother's Info

Mother's Information

First Name: MARY Place of Birth: OHIO Date of Birth: / /

Middle Name: LOUISE State Of Residence: INDIANA Age:

Legal Last Name: POTTER County Of Residence: INDIANA

Maiden Name: HARTMAN City Of Residence: INDONESIA

Suffix: IOWA

Is Mother Married: IRAN

Father's Information

First Name: Middle Name: Last Name: Suffix: Date of Birth: / /

Age:

Correction Number Amendment/Authorization Indicator Field Name Comment Date

Add New Update Delete

Status: New Record Record 0 Of 0

Start InBox - Micro... INVITED TO ... SIGN IN SHE... CHAPTER 2 B... Electronic Re... Electronic R... 5:32 PM

The "State of Residence" field is asking for the state where the mother lived at the time the birth that is being entered occurred. This must always be Indiana. Start typing Indiana and the program will filter down to that name, however; India comes first in the list, make sure you do not pick India. Select Indiana by TABBING or Clicking and this will cause the program to load the counties in Indiana, start typing the name of your county and the program will filter down to that county name. Select your county by TABBING or Clicking and this will cause the program to load the cities in your county. Start typing the name of the city of the mother's residence and the program will filter down to that city name. Select the city by TABBING or Clicking. See next two screen shots.

Electronic Registrar (WebBirth2005), ADAMS COUNTY HEALTH DEPARTMENT - KFROGGE - [Back Data Entry]

Functions Files BDE Entry Edit Reports Queues Utilities Library Maintenance Window Help

All Records Current Record:

Child's Info Father's/Mother's Info

Mother's Information

First Name: MARY Place of Birth: OHIO Date of Birth: / /

Middle Name: LOUISE State Of Residence: INDIANA Age:

Legal Last Name: POTTER County Of Residence: WELLS

Maiden Name: HARTMAN City Of Residence: VERMILLION

Suffix: Is Mother Married: WAYS

Father's Information

First Name: Place of Birth: Date of Birth: / /

Electronic Registrar (WebBirth2005), ADAMS COUNTY HEALTH DEPARTMENT - KFROGGE - [Back Data Entry]

Functions Files BDE Entry Edit Reports Queues Utilities Library Maintenance Window Help

All Records Current Record:

Child's Info Father's/Mother's Info

Mother's Information

First Name: MARY Place of Birth: OHIO Date of Birth: / /

Middle Name: LOUISE State Of Residence: INDIANA Age:

Legal Last Name: POTTER County Of Residence: WELLS

Maiden Name: HARTMAN City Of Residence: BANNER CITY

Suffix: Is Mother Married: WAYS

Father's Information

First Name: Place of Birth: Date of Birth: / /

The "Date of Birth" field is asking for the mother's date of birth. This must be entered with eight numbers with no slashes or dashes used and then TAB. If you do not have the mother's date of birth just TAB through the field. See following screen shot.

The "Is Mother Married" field is questioning whether or not the mother was married at the time the birth that is being entered occurred. Click on the drop down arrow at the right end of the box where this information is entered. TAB to the appropriate response or Click on it to select. If the mother was married at the time the birth occurred, enter the information about the father in the appropriate fields and remember to TAB from field to field. See previous screen shot.

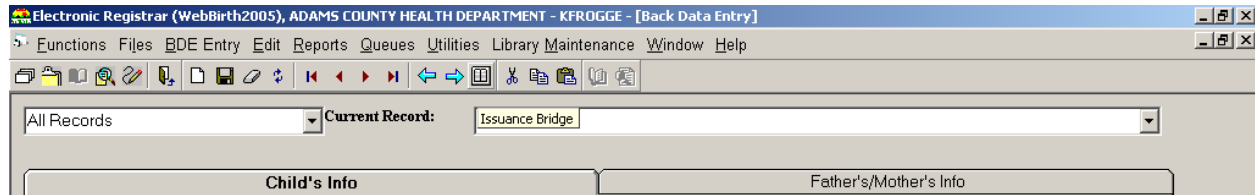
Entering the father's place of birth will trigger the program to filter down to the appropriate state or county, which you will select by TABBING when the name is highlighted or by Clicking on the name. And again if you do not have the date of birth, just TAB through the field. See following screen shot.

When you TAB off of the last field, the father's date of birth, the screen will return to the Child's Info screen. Click on the "SAVE" icon on the Tool Bar to save the "Back Data Entry" record.

Saving a 'Back Data Entry' record at the LHD seals the record from further access at the LHD and releases it for access at the Indiana State Department of Health, (ISDH), and completion of the "Back Data Entry" 'Function'.

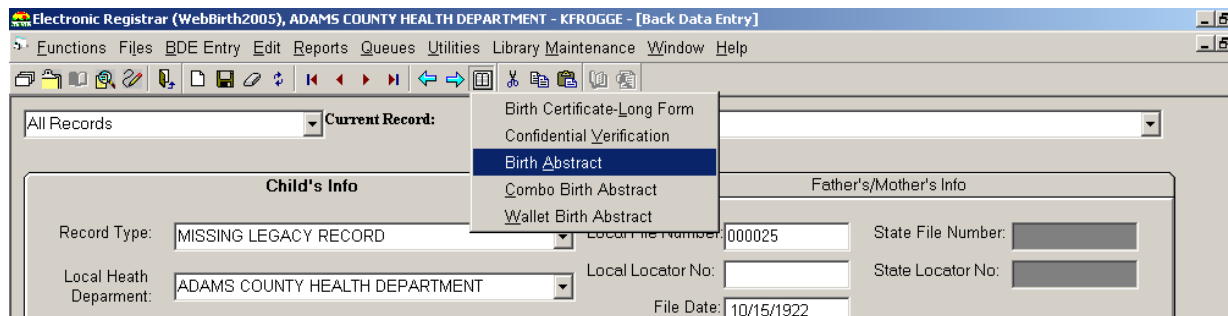
See following screen shot.

If this record was being entered in 'Back Data Entry' for the purpose of issuing the record from Genesis it must be issued before you close the 'Back Data Entry' screen, otherwise it will not be available until the ISDH completes its part of the process making the record available from “Legal View”.



Click on the “ISSUANCE BRIDGE” icon. See previous screen shot.

Select the type of Certified Birth Certificate that is requested by your customer by clicking on it. See following screen shot.



Fill in the first and last name of the person who has requested the record. If more than one copy of the record has been requested, then change the number from 1 to the number requested. If the birth was an “Out of wedlock, same last name” record, click on the box, then Click on “OK” and your Certified Copy will be printed.

